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ABSTRACT

The curricular framework outlined in this document provides direction for administrators and teachers in planning, developing, and implementing K-12 comprehensive health education programs for Maryland schools. The materials presented are designed to aid local school systems in planning local curricula, developing a local philosophy, defining a local scope and sequence, evaluating the extent to which goals and subgoals are contained in current curricular offerings, and identifying needed curricular content and instructional strategies. The guide contains five sections: (1) "Philosophy" which defines the nature of health education and describes its relationship to society, the learner, and the school curriculum; (2) "Health Education Goals and Subgoals"--broad statements of desired outcome which are derived from the philosophy and which bring direction and clarity to the program; (3) "Expectancies" further delineating the goals and strategies; (4) "Illustrative Objectives" (sample objectives which show how goals and subgoals may be treated at different instructional levels); and (5) "Curriculum Assessment and Development" which describes how to develop and use goals, subgoals, and objectives in the preparation of health education scopes, sequences, and instructional units. Guidelines are provided for curriculum specialists and teachers to assess existing curricula and develop new curricula. Examples of specific behavioral objectives and topics for different grade levels are given. (IAH)

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HEALTH EDUCATION

A MARYLAND CURRICULAR FRAMEWORK

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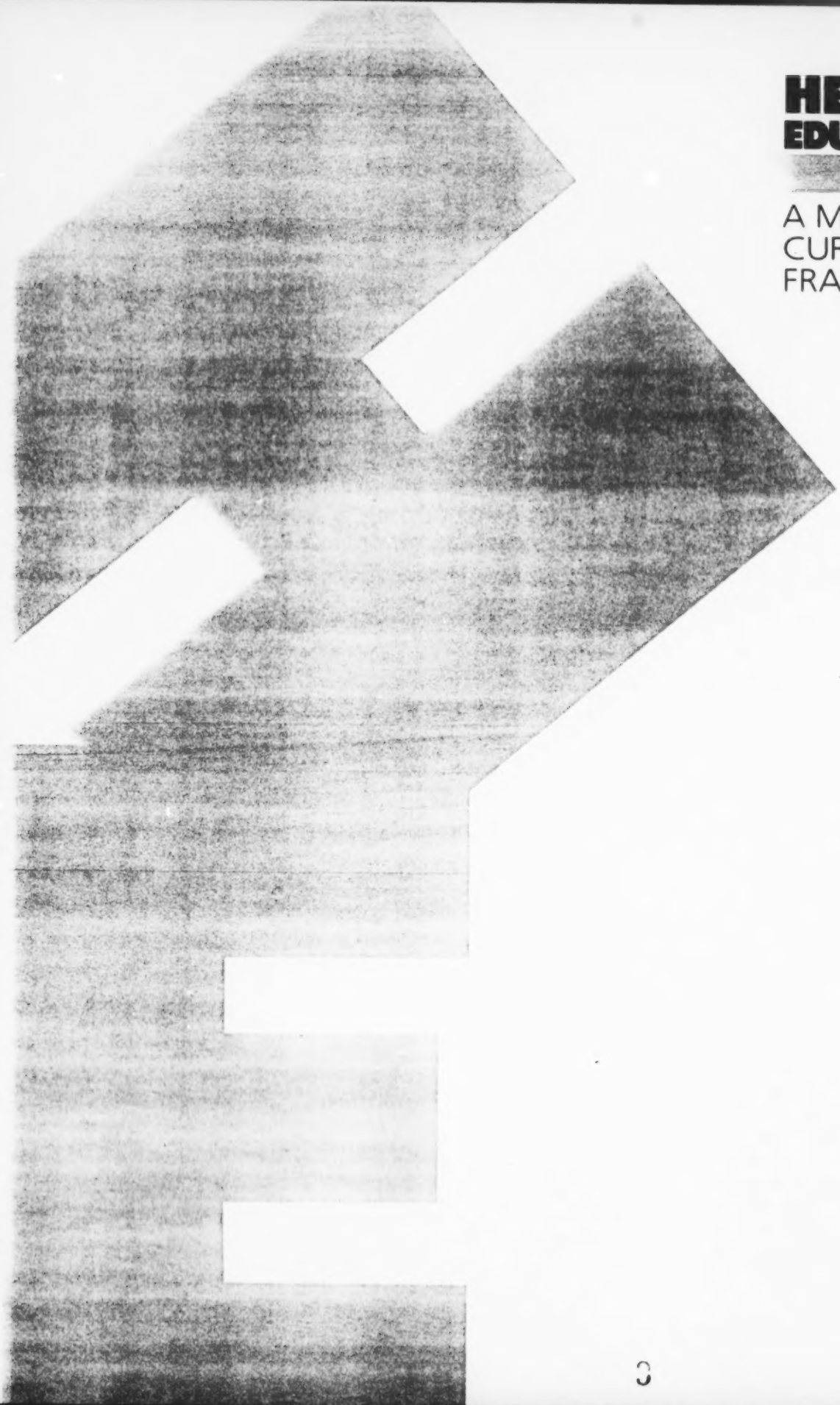
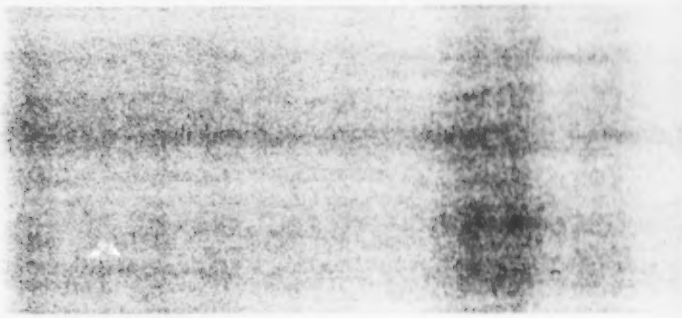


HEALTH EDUCATION

A MARYLAND CURRICULAR FRAMEWORK



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Health Education Curricular Framework Task Force
Maryland Coordinators of Health Education
Maryland Health Education Teachers
The Maryland Health Education Curricular Framework Review Panel
The National Review Panel for the Health Education Curricular Framework

The development of this document was coordinated by

Russell Henke
Health Education Specialist
Maryland State Department of Education

Janet Pabst
AIDS Prevention Specialist
Maryland State Department of Education

Maryland State Board of Education

Robert C. Embry, Jr.,
President, Baltimore 1991
John C. Sprague,
Vice President, Rockville 1993
Herbert Fincher, Salisbury 1993
Donald P. Hutchinson, Baltimore 1992
Elmer B. Kaelin, Hagerstown 1991
Rose LaPlaca, Mitchellville 1994
Joan C. Maynard, Linthicum Heights 1992
Wilson H. Parran, Huntington 1991
Harry D. Shapiro, Baltimore 1993
Benjamin Swinson, Temple Hills 1992
Edmonia T. Yates, Baltimore 1994
Heather White,
(Student Member) Frederick 1991

Joseph L. Shilling
State Superintendent of Schools
Bonnie S. Copeland
Deputy State Superintendent of Schools
Martha J. Fields
Assistant Deputy State Superintendent
Bureau of Educational Development
Nicholas Hobar
Assistant State Superintendent
Division of Instruction
James W. Latham, Jr.
Director, Division of Instruction
Maurice B. Howard
Chief, Arts and Sciences Branch

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William Donald Schaefer
Governor of Maryland

FOREWORD

Health, much like sleep, often is not appreciated until it is interrupted. For too many of our young people today that interruption comes during their period of schooling, and may dramatically affect their potential for academic success. The majority of health problems encountered by our youth are preventable, and with minimal effort could easily be avoided. Yet, like much of society, our youth take their health for granted and do little to maintain the vitality that most were born with.

The goal of health education is to assist students in the development of healthy behaviors that are based on accurate factual information, healthy attitudes, and practical skills. In developing these healthy behaviors students are better prepared to achieve their optimal potential. Schools must be willing to accept the responsibility of working with parents and health agencies in providing students with the information and learning opportunities that will lead to the development of healthy lifestyles.

The curricular framework set forth in this document provides direction for the development and assessment of a K-12 comprehensive health education program. The quality of this guide is a result of the outstanding contributions of the health education task force members, teachers, and consultants whose concern and commitment to addressing the many health needs of our society are reflected in this product.

Joseph L. Shilling
State Superintendent of Schools

PREFACE

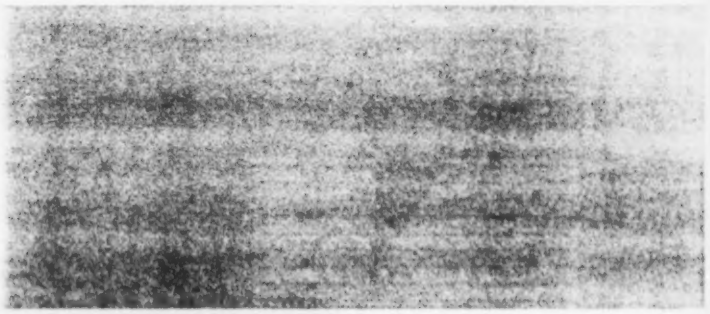
A variety of health crises have impacted society in recent years. With each crisis a call for public schools to include instruction that would assist students in preventing that specific health problem is heard from parents, civic leaders, and politicians. Research has proven, however, that a crisis-responsive curricular approach is not effective in preventing disease or promoting healthy behaviors. What is needed is comprehensive school health education!

In response to the need for rethinking and restructuring the health education curriculum in Maryland schools, the Maryland State Department of Education appointed a health education task force charged with developing goals for comprehensive health education programs in Grades K-12. That Task Force was comprised of public school health education teachers and supervisors of health education, university staff with expertise in health education, representatives from the Maryland Department of Health and Mental Hygiene, a physician, a school health services specialist, and the state Specialist in School Health Education.

The Task Force reviewed curricular materials related to health education from many sources and numerous states. Valuable background material was taken from **Health Education: A Curricular Approach to Optimal Health**, a 1973 publication of the Maryland State Department of Education. Materials from federal health agencies and respected educators were also considered as the task force developed the philosophy and the seven goals of the comprehensive health education program. Members of the task force developed and refined subgoals and expectancies for each goal. Drafted task force framework components were disseminated for reactions and recommendations of local school system health education supervisors.

Reviews of the draft documents were made by nationally recognized experts in school health education. A state review panel comprised of Maryland teachers, supervisors, health education practitioners, and chaired by the Assistant State Superintendent, Division of Instruction, was convened to consider the completed work.

This document summarizes the work completed by the task force.



INTRODUCTION

A Statement of Purpose

Health Education: A Maryland Curricular Framework is designed to assist administrators and teachers in planning, developing, and implementing K-12 health education programs. It provides a philosophical foundation and a broad outline from which educators may construct comprehensive school health education programs. The materials presented will aid local school systems as they engage in the following activities:

Planning local curricula,
Developing a local philosophy,
Defining a local scope and sequence,
Evaluating the extent to which the goals and subgoals are contained in current curricular offerings, and
Identifying needed curricular content and instructional strategies.

This document is organized in five major sections:

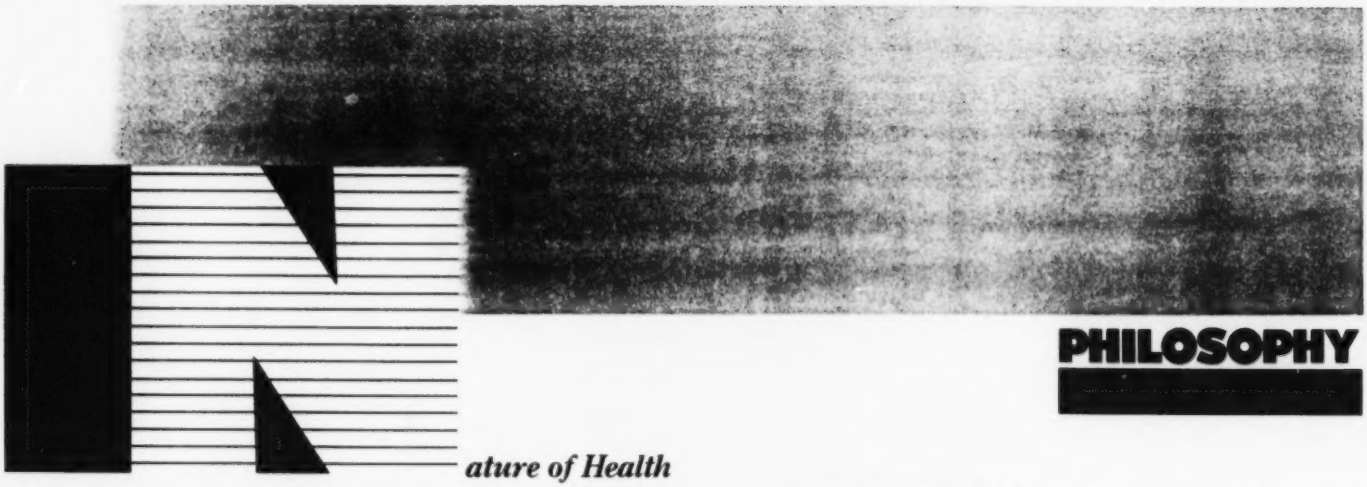
The Philosophy—This section defines the nature of health education and describes its relationship to society, the learner, and the school curriculum.

Goals and Subgoals—These broad statements of desired outcomes, which are derived from the philosophy, bring direction and clarity to the program.

Expectancies—These statements further delineate the goals and subgoals.

Illustrative Objectives—These sample objectives show how goals and subgoals may be treated at different instructional levels.

Curriculum Development Process—This section describes how to develop and use goals, subgoals, and objectives in the preparation of health education scopes, sequences, and instructional units.



PHILOSOPHY

ature of Health

The promise of long life and good health has motivated many pioneers, scientists, and theologians throughout history. It was their perseverance and vision that drove medical science to seek answers to the mysteries of the human condition. It has only been during the twentieth century that many of those mysteries have been solved and that human beings have come to realize that the secret of long life, and good health is their own personal lifestyle.

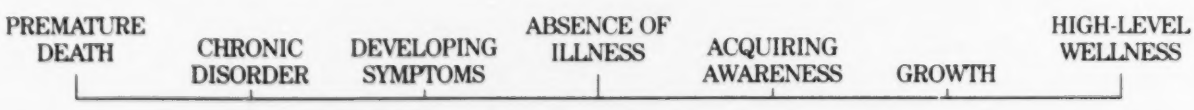
The World Health Organization has defined health as "...the state of complete physical, mental, and social well-being and not merely the absence of disease." This definition is significant, since many people continue to view health as being uni-dimensional. The line of reasoning is that if one looks good and feels good one must be healthy. Physical health is often perceived as the most important dimension. However, it is essential that health be viewed as multi-dimensional and dynamic. Many factors influence personal health, and one's health status is constantly changing with the interplay of those factors. Health is most appropriately viewed on a continuum with premature death at one end and high level wellness at the other end. The absence of illness can be found in the middle of the continuum. If individuals do nothing about their health or if they develop poor health habits, (overeating, no exercise, high level of stress, smoking), then their health deteriorates and they move toward the premature death end of the continuum. On the other hand, if individuals increase their knowledge about health, and work to improve their health habits (proper nutrition, regular cardiorespiratory exercise, stress management), then their health may improve and they may move toward the high level wellness end of the continuum.

High level wellness is illusive. Achieving high level wellness is dependent on many variables, some of which cannot be controlled by the individual. What an individual can do is learn from the facts that have been provided by medical science and make personal lifestyle decisions based on those facts. One must realize that the secret of long life and good health is one's own personal lifestyle.

Health And Society

At the turn of the twentieth century, infectious diseases caused most death and disability in America. Despite many medical advances in the twentieth century, society is faced now with perhaps an even greater health dilemma, that of chronic diseases resulting from unhealthy lifestyles and environmental hazards. Risk factors such as dietary patterns, stress, and sedentary lifestyles contribute to a variety of health problems. Among these problems are obesity, high blood pressure, and other cardiovascular conditions. Health care costs in the United States exceed 12% of the Gross National Product. Studies of factors relating to the ten leading causes of death suggest that one-half or more of the mortality in America is attributable to unhealthy behaviors or lifestyle.

Four major factors affect an individual's health: heredity, the environment in which a person lives, lifestyle practiced, and access and use of the health care delivery system. Heredity and some environmental factors are beyond an individual's control, but personal behavior, lifestyle, and access to effective health care are significant factors for improving and sustaining good health. Therefore, the development of a healthy lifestyle is imperative



to maximize an individual's potential for optimal well-being.

Society expects schools to assist in the resolution of issues such as drug abuse, youth suicide, teen pregnancy, and child abuse. To be responsive to this expectation, schools must accept the challenge for educating individuals to assume and practice a responsible and positive role in personal, family, and community health. Schools must also recognize the home and community as vital links to a healthier America and encourage a combined responsibility for health education.

Health and the Learner

From infancy, children have a natural curiosity about themselves and their environment. Parents and family members serve as role models as health habits are demonstrated and replicated through experiences.

Health behaviors and attitudes of pre-school children often reflect family practices rather than thoughtfully considered decisions. Many health habits are already established when children begin formal education. Health education for the child at the early learning level seeks to reinforce positive health behaviors and offers alternatives to behaviors that may place the child at risk for future health problems.

During the middle learning years, children experience rapid physical, social, and emotional changes. This is a period when the influences of peers, media, and perceived social norms most easily persuade children. It is during these formative years that children begin to establish the foundation for knowledge, and the personal attitudes which may affect their health throughout their entire lives. Health education for children at the middle learning level must be tailored to individual patterns of growth and maturation which vary during these years. In addition to knowledge about health issues, students also need to develop skills that will assist them in making informed decisions about their health.

Students at the high school learning level need an opportunity to reinforce, refine, and apply knowledge and skills developed during earlier learning experiences. They need to continue to acquire new health knowledge. For many students, high school may represent the last formal educational experience. It is important that health education prepare them to meet the challenges of adult life and to develop positive lifestyle behaviors.

The Health Education Curriculum

Health education is an integral part of the school curriculum that focuses on prevention of health problems and the development of behaviors that lead to a quality lifestyle. Health education is also an essential component of the total school health program which is comprised of several elements including school health services, the healthful school environment, and health instruction. Comprehensive school health education emphasizes physical, intellectual, social, emotional, and spiritual well-being and initiates a process of life-long learning designed to promote health and prevent disease.

Comprehensive school health education encourages the student to develop skills, attitudes, and behaviors that enable one to make responsible decisions about health and avoid health-related crises. This can best be accomplished through instruction that enables students to practice health-related skills and apply those skills to real life situations. Practical application of health knowledge is essential if health education is to be effective in helping students to prevent health problems and lead healthy lives.

An effective health education curriculum must be comprehensive, sequentially planned, and organized consistent with the goals and content identified for the discipline. Health education must be scientifically based and kept current as new information becomes available. The curriculum in health education should be designed to increase the students' health knowledge, develop health-related decision-making skills, and aid in the formation of positive attitudes and behaviors about self and others. Since health behavior is directly related to one's health values, it is essential that the curriculum include discussion of values, such as: drug abuse is wrong and harmful; abstinence from sexual intercourse is the appropriate behavior before marriage; and maintenance of one's health is a personal responsibility.

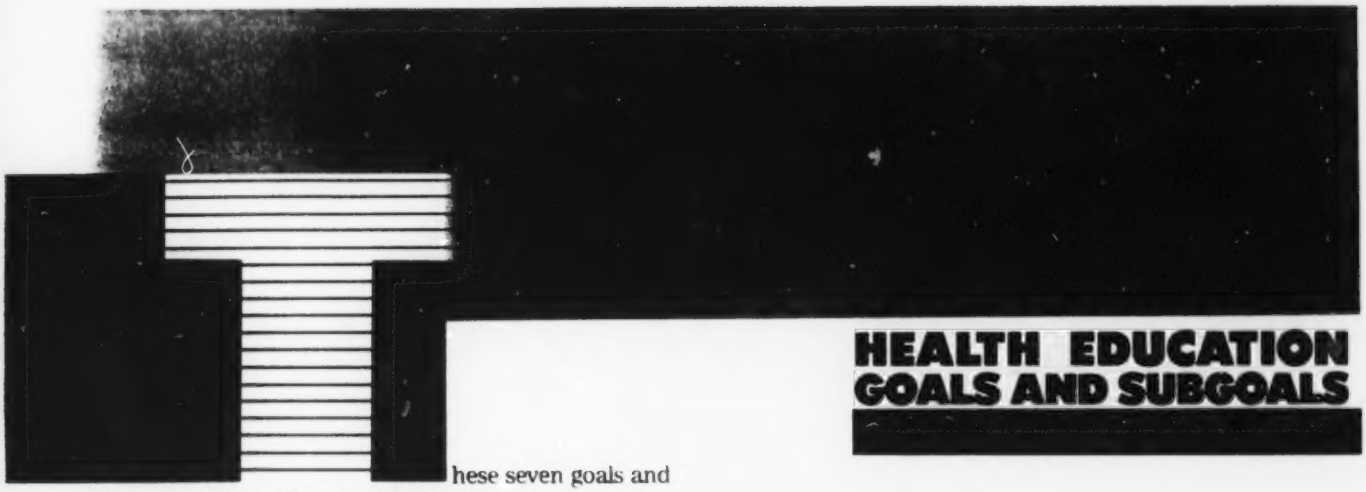
School health education curriculum is best implemented through a scheduled block of time at each grade level to assure continuity and sequence. In addition, supplementary health content may be integrated into other subject areas. Opportunities to expand knowledge of health should not be overlooked when a teachable moment occurs.

A comprehensive health education curriculum should include, but not be limited to, content in the following areas: mental health; tobacco, alcohol, and other drugs; personal and consumer health; nutrition and fitness; safety, first aid, and injury prevention; family life and human sexuality; and disease prevention and control. The curriculum must be based on the needs, interests, abilities, developmental levels and cultural backgrounds of the learner. To be effective, the curriculum should be appropriate to the learner's age and pattern of development in both the cognitive and affective areas of learning.

The relationship between students and their teachers is one of the most influential factors in determining the effectiveness of the health education curriculum. School health education has the greatest impact when presented by certificated teachers who are knowledgeable, qualified, and committed to health education. Teachers who recognize individual health needs, who understand important factors in individual and group learning, who have the support of school administrators and parents, and who use emerging information technologies and a variety of appropriate classroom instructional strategies will be most successful in affecting student health behavior.

Curriculum evaluation that is continuous and concurrent with instructional activities is essential in providing an assessment of program progress and student knowledge, attitudes, and skills. In order for health education to be effective in addressing student health-related needs, program evaluation should be implemented for all aspects of the health education curriculum.

The mission of schools is to educate and prepare students to become contributing members of society. In addressing that mission, it is apparent that healthy learners are more able to learn. Effective comprehensive school health education can help students achieve their full potential.



HEALTH EDUCATION GOALS AND SUBGOALS

These seven goals and their respective subgoals and expectancies represent broad guidelines for K-12 health education programs in the local school systems of Maryland. The subgoals and expectancies encompass a comprehensive health education program for students at all grade levels.

These statements are intended to provide direction for local school system health education curriculum development. However, due to the changing nature of health issues, it is essential that local curriculum be tailored to address the health needs of the local community.

While the goals and subgoals sometimes may be pursued in other curricular areas, only a sequential, comprehensive health education program will lead to optimal achievement. The goals and subgoals are the driving force behind the knowledge, skills, and attitudes to be achieved through such a comprehensive program.

GOAL 1

To gain knowledge and skills that lead to an understanding about self and one's relationships with others

Positive self-concept is essential to the development of a healthy lifestyle. One's relationships with others and personal insight into the reasons and causes of behavior contribute to the development of self-concept. Goal 1 identifies communication, coping skills, decision making, and interpersonal relationships as key concepts to the development of a mentally healthy individual.

Subgoals

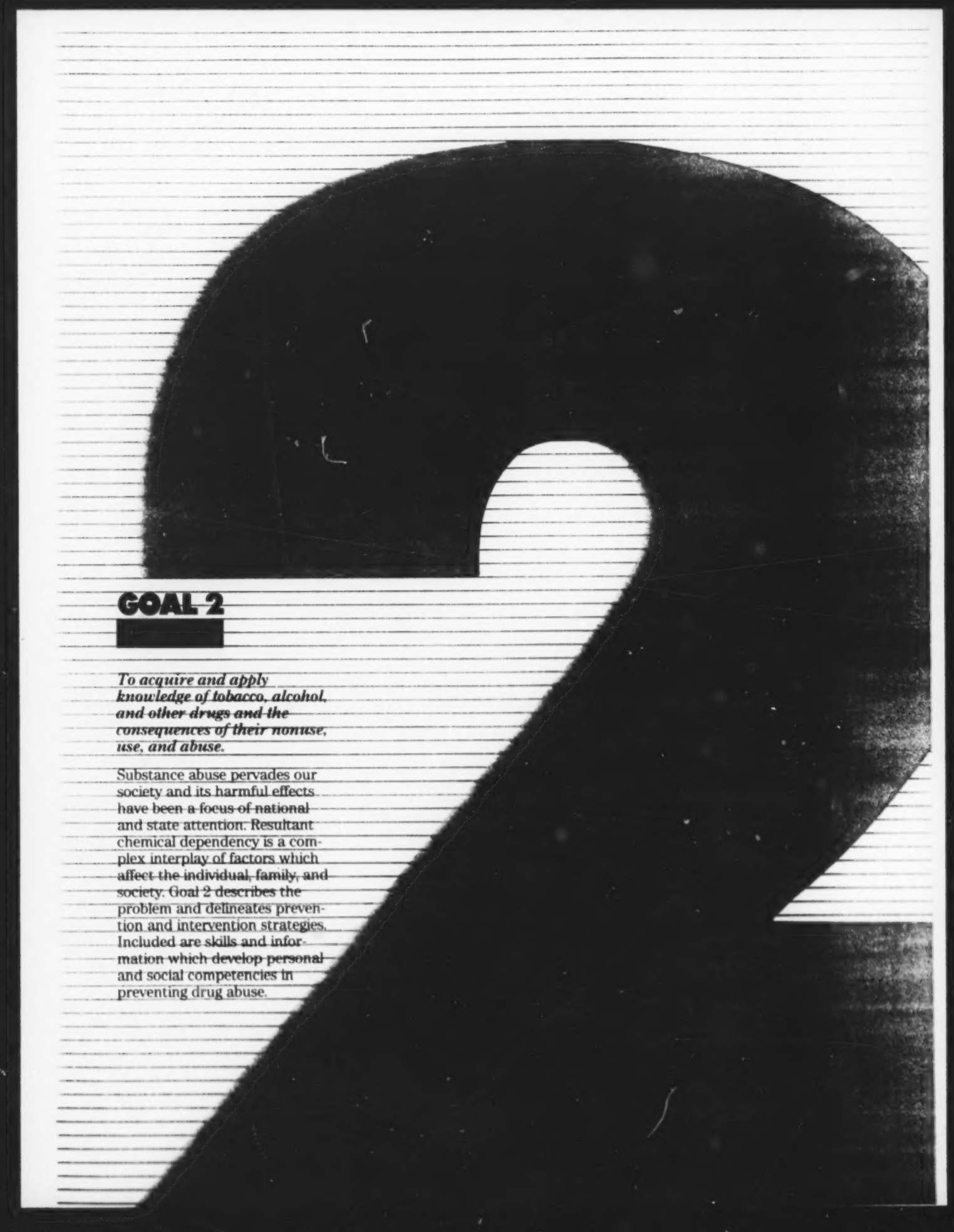
1.1 Express emotions comfortably and appropriately.

1.2 Develop and use appropriate coping behaviors to deal with the demands of daily living.

1.3 Develop and use decision-making skills.

1.4 Develop knowledge and skills that lead to individuality and uniqueness.

1.5 Develop and maintain interpersonal relationships.



GOAL 2

To acquire and apply knowledge of tobacco, alcohol, and other drugs and the consequences of their nonuse, use, and abuse.

Substance abuse pervades our society and its harmful effects have been a focus of national and state attention. Resultant chemical dependency is a complex interplay of factors which affect the individual, family, and society. Goal 2 describes the problem and delineates prevention and intervention strategies. Included are skills and information which develop personal and social competencies in preventing drug abuse.

Subgoals

2.1 Identify and describe the effects and interactions of tobacco, alcohol, and other drugs on the body systems.

2.2 Identify and examine physical, psychological, social, and legal consequences of the use of tobacco, alcohol, and other drugs.

2.3 Examine the stages of chemical dependence.

2.4 Develop and apply skills to resist pressures to use tobacco, alcohol and other drugs.

2.5 Develop a knowledge of and evaluate prevention, intervention, and treatment services and resources.

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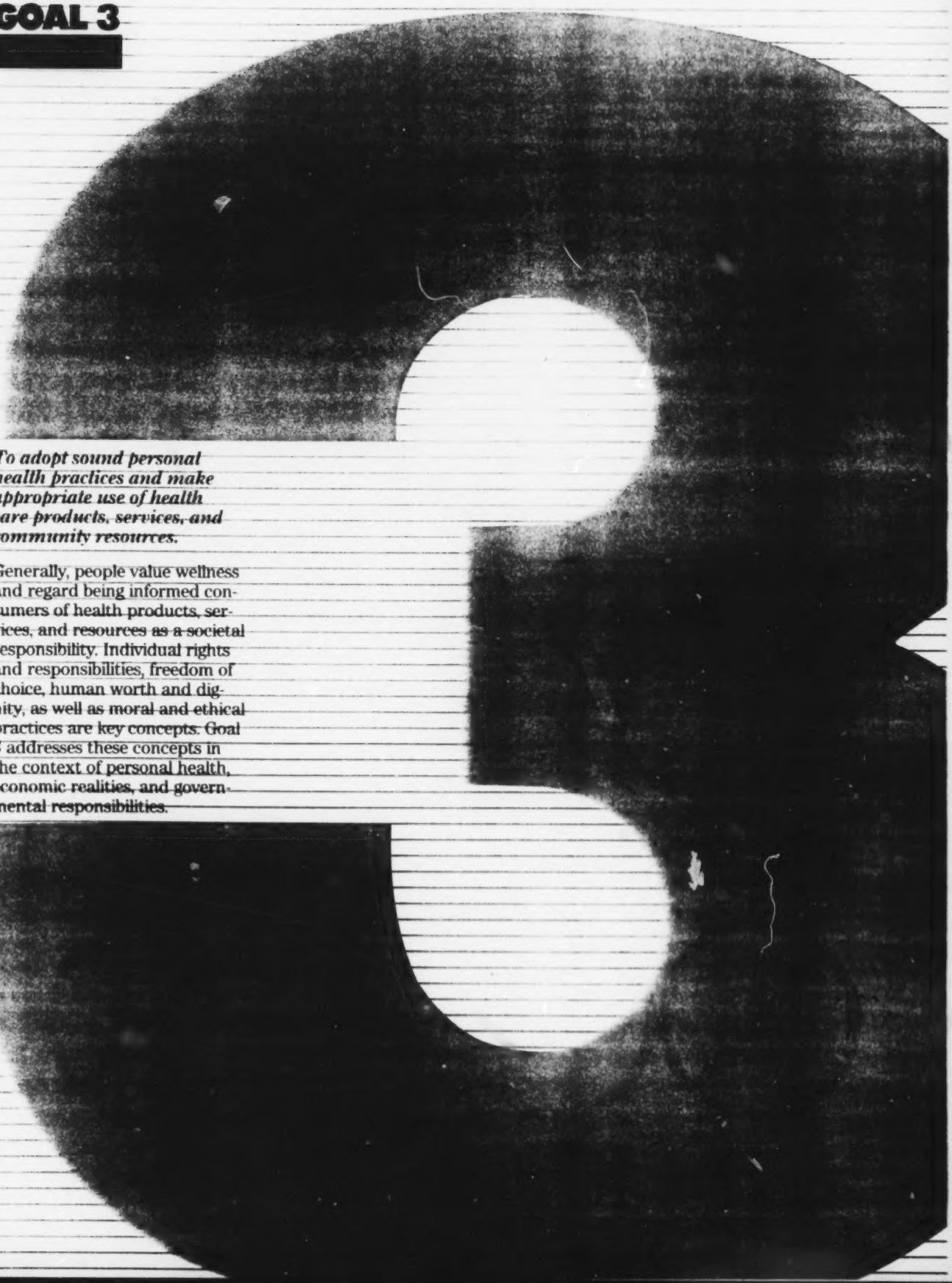
GOAL 3



To adopt sound personal health practices and make appropriate use of health care products, services, and community resources.

Generally, people value wellness and regard being informed consumers of health products, services, and resources as a societal responsibility. Individual rights and responsibilities, freedom of choice, human worth and dignity, as well as moral and ethical practices are key concepts. Goal 3 addresses these concepts in the context of personal health, economic realities, and governmental responsibilities.

Subgoals

3.1 Evaluate personal health habits.

3.2 Choose health care services, products, and resources based on valid criteria.

3.3 Analyze and evaluate health care services.

3.4 Relate the concept of wellness to one's personal health behaviors.

3.5 Examine society's responsibility for maintaining and improving the quality and availability of health care.

3.6 Explore and evaluate careers in the health care field.

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GOAL 4

To understand the value of achieving a healthy lifestyle through the development and application of responsible nutritional and fitness behaviors.

The attainment of a healthy lifestyle is dependent upon the interrelationship of many factors including good nutrition and physical fitness. Many diseases and disorders are linked to problems associated with poor nutrition and a lack of exercise. Goal 4 addresses the importance of a well-balanced diet and cardio-respiratory exercise. Diets are explored and evaluated to create an awareness of their inherent value. An important outcome of this goal is the development and maintenance of a life-long personal health plan.

Subgoals

4.1 Categorize food and food sources and identify their primary nutrient contributions.

4.2 Apply knowledge of sound nutritional concepts to patterns of behavior and personal choice.

4.3 Recognize and evaluate relationships among physical exercise, caloric balance, and weight control.

4.4 Select exercise and weight control programs based on accurate information.

4.5 Describe disorders resulting from poor nutrition and physiological dysfunction.

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GOAL 5

To develop an understanding of behavior and skills that promote safe living in the home, school, and community.

Injuries are the number one cause of death among the school-age population. Most injuries can be prevented by early identification of dangerous situations and increasing awareness of safety precautions. Goal 5 identifies various behavioral and environmental hazards that lead to injuries, and explores the means for their prevention. Emergency situations are presented and appropriate responses are described.

Subgoals

5.1 Identify and attempt to eliminate hazardous situations and prevent injuries.

5.2 Develop the ability to respond appropriately in emergency situations.

5.3 Analyze risk-taking behaviors and their consequences.

5.4 Identify and use community resources and services that promote a safe and healthy environment.

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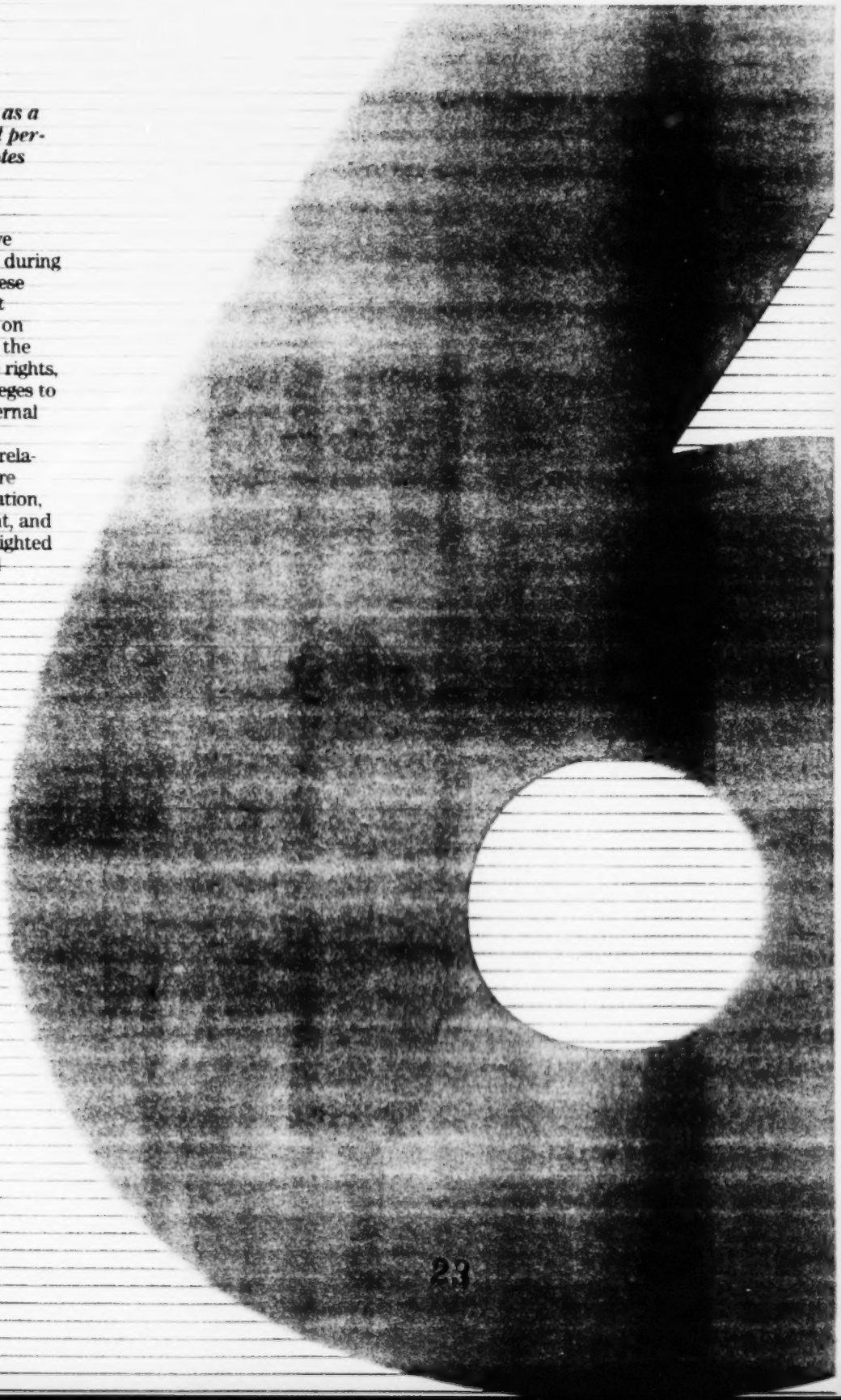
GOAL 6

To recognize the family as a basic unit of society that perpetuates life and promotes healthy growth and development.

Male and female roles have undergone many changes during the twentieth century. These changes have had a direct impact on the family and on society. Goal 6 focuses on the family with respect to the rights, responsibilities, and privileges to every family member. Internal and external forces that influence the family unit, relationships, and sexuality are explored. Physical maturation, psychological development, and decision-making are highlighted as integral to positive and healthy growth and development.



Subgoals

6.1 Identify roles and responsibilities of family members throughout the life cycle that maintain the family unit.

6.2 Examine differences in family structures, customs, and values.

6.3 Explain the effects of dating and marriage on the individual, family, and society.

6.4 Analyze the effects of parenthood on the individual, the marital dyad, and the family.

6.5 Describe the anatomy and physiology of the human reproductive system and the reproductive process.

6.6 Examine relationships among physical, emotional, and psychological development.

6.7 Examine factors that influence the development of interpersonal relationships and sexual behavior.

6.8 Develop and use skills for making responsible decisions about sexual behavior based on its consequences for the individual and others.

6.9 Develop and use skills for making responsible decisions about family planning and preventing pregnancy.

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GOAL 7

To acquire knowledge of disease and methods for prevention and control and to analyze their effects on the individual, family, and society.

The destructive potential of disease demands a strong societal response for prevention and control. Goal 7 focuses on how disease and its consequences have an impact physically, psychologically, socially, and emotionally on the individual and society. This goal stresses the need for all individuals to take responsibility for the prevention and control of disease. Religious, moral, and ethical implications are also considered in the global concept of disease.

Subgoals

7.1 Identify communicable and non-communicable diseases and describe their causes and characteristics.

7.2 Examine measures for the prevention, treatment, and control of disease.

7.3 Evaluate effects of disease on the individual, family, and society.

7.4 Explore roles and responsibilities of health-related agencies at local, state, and federal levels.

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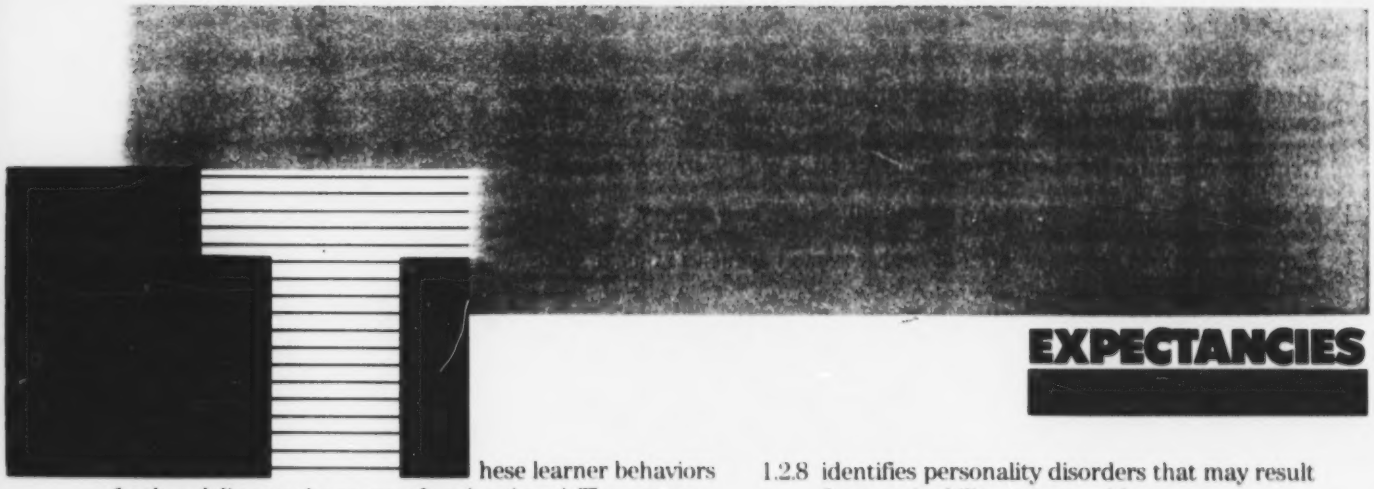


EXPECTANCIES

These learner behaviors further delineate the scope of each subgoal. The expectancies assist in curriculum development by organizing the vast assortment of skills and understandings implicit in an exemplary health education program.

The expectancies in this document do not represent all possible descriptions of each subgoal. Local school systems may wish to expand the list to accommodate their needs.

GOAL 1 To gain knowledge and skills that lead to an understanding of self and one's relationships with others.

Subgoal 1.1 Express emotions comfortably and appropriately.

The learner:
1.1.1 identifies and describes emotions.
1.1.2 discusses ways emotions are expressed verbally and non-verbally.
1.1.3 establishes criteria for expressing emotions verbally.
1.1.4 analyzes factors and events which trigger emotional responses.
1.1.5 suggests strategies for modifying emotional responses.
1.1.6 discusses the relationship between cultural experience and the expression of emotions.
1.1.7 avoids self-destructive behavior by choosing other forms of emotional expression.

Subgoal 1.2 Develop and use appropriate coping behaviors to deal with the demands of daily living.

The learner:
1.2.1 identifies sources of stress.
1.2.2 names ways in which stress is manifested.
1.2.3 discusses ways in which stress can be beneficial.
1.2.4 describes constructive ways to manage stress.
1.2.5 examines strategies that may assist one in coping with daily living.
1.2.6 applies coping skills to real-life situations.
1.2.7 examines the impact of specific coping behaviors on self and others.
1.2.8 identifies personality disorders that may result from an inability to cope with stress.
1.2.9 evaluates the effectiveness of various personal coping behaviors.

Subgoal 1.3 Develop and use decision-making skills.

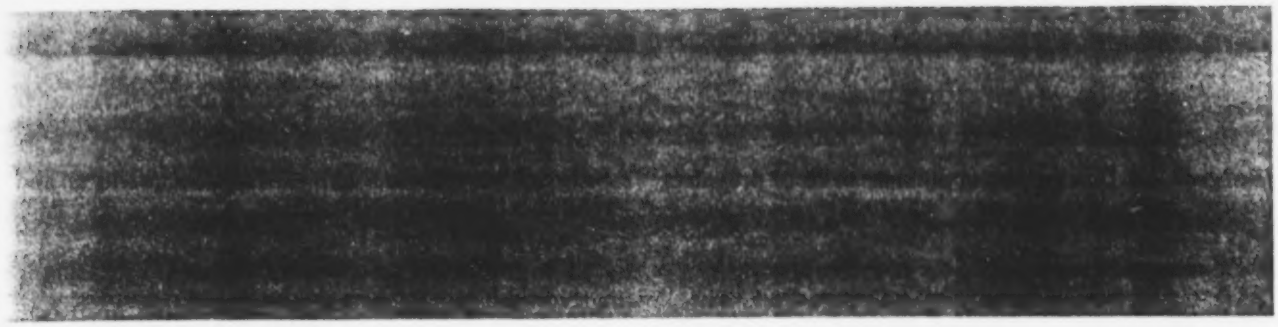
The learner:
1.3.1 identifies factors that may influence decision making.
1.3.2 examines and practices decision-making skills.
1.3.3 evaluates the consequences of making a decision.
1.3.4 defines personal strategies for making decisions.
1.3.5 develops strategies for goal setting.

Subgoal 1.4 Develop knowledge and skills that lead to individuality and uniqueness:

The learner:
1.4.1 explains the concept of self as it relates to individuality and uniqueness.
1.4.2 describes the elements which contribute to the development of self-concept.
1.4.3 indentifies behavioral indicators of positive self-concept.
1.4.4 analyzes the effect that others have on one's self-concept.
1.4.5 develops strategies for enhancing one's self-concept.
1.4.6 relates theoretical personality models to self-concept.

Subgoal 1.5 Develop and maintain interpersonal relationships.

The learner:
1.5.1 defines and describes types of interpersonal relationships.
1.5.2 describes how feelings and behaviors affect and are affected by interpersonal relationships.
1.5.3 identifies ethical principles that influence interpersonal relationships.
1.5.4 discusses the impact of rejection, separation, or loss of friends or family members.
1.5.5 examines the influence that group identity has on development of self and relationships with others.



1.5.6 explores conflict-resolution strategies that promote and sustain interpersonal relationships.
1.5.7 evaluates the effects of personality types on friendship needs.
1.5.8 identifies and responds to signs of potential suicide and other self-destructive behaviors.

GOAL 2 To acquire and apply knowledge of tobacco, alcohol, and other drugs and the consequences of their nonuse, use, and abuse.

Subgoal 2.1 Identify and describe the effects and interactions of tobacco, alcohol, and other drugs on the body systems.

The learner:
2.1.1 identifies and describes properties of tobacco, alcohol, and other drugs that affect health.
2.1.2 describes and evaluates effects of nicotine and other components of tobacco products on the body systems.
2.1.3 examines effects of alcohol on the body systems.
2.1.4 describes the nutritional deficiencies that may result from the consumption of alcohol.
2.1.5 describes effects of commonly abused drugs on body systems.
2.1.6 distinguishes among additive effects and synergistic, potentiating, and/or antagonistic drug interactions.
2.1.7 identifies diseases and disorders complicated or intensified by alcohol and other drugs.
2.1.8 describes effects of chemical use on fetal development.

Subgoal 2.2 Identify and examine physical, psychological, social, and legal consequences of the use of tobacco, alcohol, and other drugs.

The learner:
2.2.1 recognizes appropriate uses of prescribed and over-the-counter medicines.
2.2.2 assesses the influence of tobacco, alcohol, and other drugs on disease prevention and control.
2.2.3 describes and assesses the impact of substance use on the physical, intellectual, spiritual, social, and emotional development of an individual.
2.2.4 identifies reasons for drug nonuse, use, and abuse.
2.2.5 identifies social and economic consequences of tobacco, alcohol, and other drug use.
2.2.6 examines the legal consequences of the use and abuse of tobacco, alcohol, and other drugs.
2.2.7 analyzes the impact of drug-related laws and policies on personal decisions regarding drug use.
2.2.8 recognizes the risks associated with using drugs or alcohol while operating vehicles such as automobiles, boats, planes, and trains.
2.2.9 demonstrates intervention techniques that may be employed to prevent someone from driving while intoxicated.

Subgoal 2.3 Examine the stages of chemical dependence.

The learner:
2.3.1 defines chemical dependence.
2.3.2 differentiates between physical and psychological dependence.
2.3.3 defines tolerance, and cites examples of how it relates to the development of chemical dependence.
2.3.4 examines alcoholism as a chronic, potentially fatal disease with progressive states of severity.
2.3.5 identifies genetic, cultural, and environmental factors which increase a person's risk of becoming chemically dependent.
2.3.6 describes how chemical dependence impacts the family emotionally, socially, physically, and financially.
2.3.7 examines effects of maternal chemical dependence on a developing fetus.
2.3.8 analyzes factors that sustain recovery from chemical dependence.

Subgoal 2.4 Develop and apply skills to resist pressures to use tobacco, alcohol, and other drugs.

The learner:
2.4.1 recognizes the benefits of a drug-free lifestyle.
2.4.2 identifies social factors that influence drug use.
2.4.3 identifies and analyzes influences of advertising on the use of tobacco, alcohol, and other drugs.
2.4.4 identifies and practices assertive behaviors to resist pressures to become drug involved.
2.4.5 practices techniques for resisting peer pressure to use tobacco, alcohol, or other drugs.
2.4.6 develops and practices strategies to support others in their decisions not to use tobacco, alcohol, and other drugs.
2.4.7 practices skills in decision making, and applies them to situations involving drug abuse.

Subgoal 2.5 Develop a knowledge of and evaluate prevention, intervention, and treatment services and resources.

The learner:
2.5.1 defines and distinguishes among drug abuse prevention, intervention, and treatment.
2.5.2 identifies local, state, and national efforts that promote prevention and treatment of chemical dependence.
2.5.3 participates in activities that are alternatives to use of chemical substances.
2.5.4 identifies and assesses appropriate prevention and treatment resources in accordance with individual, family, and community needs.
2.5.5 discusses the concept of self-help programs as it relates to treatment of chemical dependence.

GOAL 3 To adopt sound personal health practices and make appropriate use of health care products, services, and community resources.

Subgoal 3.1 Evaluate personal health habits.

The learner:
3.1.1 compares health behaviors of the past and present.
3.1.2 describes the importance of good personal hygiene.
3.1.3 identifies and practices personal health habits that promote optimal well-being.
3.1.4 describes the relationship between personal health and physical environment.
3.1.5 describes how personal health habits affect one's self and others.

Subgoal 3.2 Choose health care services, products, and resources based on valid criteria.

The learner:
3.2.1 identifies and describes criteria used in selecting health care services, products, and resources.
3.2.2 discusses how personal and/or medical ethics influence the services of health advisers and providers.
3.2.3 lists examples of information that can be found on product labels.
3.2.4 identifies factors that physicians consider in prescribing medications.
3.2.5 identifies and describes factors that influence personal health behaviors.
3.2.6 lists the rights and responsibilities of the consumer of health care products, services, and resources.
3.2.7 explains how regulatory agencies contribute to the consumer's knowledge base for making health decisions.
3.2.8 identifies agencies that protect the consumer of health care products, services, and resources.
3.2.9 defines characteristics of medical quackery.

Subgoal 3.3 Analyze and evaluate health care services.

The learner:
3.3.1 identifies and describes factors that influence personal selection of health care services.
3.3.2 compares and contrasts methods of providing and paying for health care.
3.3.3 describes how socioeconomic conditions affect the selection of health care.
3.3.4 analyzes situations that require personal and/or family health care and recommends solutions.
3.3.5 discusses how the profit motive influences health care services.

Subgoal 3.4 Relate the concept of wellness to one's personal health behaviors.

The learner:
3.4.1 describes the physical, intellectual, emotional, social, spiritual, and cultural factors which comprise the wellness concept.
3.4.2 explains the relationship between the wellness concept and health behaviors.
3.4.3 examines personal behaviors and motives for achieving positive and life-long physical and emotional health practices.
3.4.4 identifies personal health promotion as an individual's responsibility.
3.4.5 devise a plan for personal health promotion.

Subgoal 3.5 Examine society's responsibility for maintaining and improving the quality and availability of health care.

The learner:

3.5.1 describes how the health of a population impacts the standard of living of society.
3.5.2 evaluates the effects of poor health on the cost of health care.
3.5.3 explains why most health agencies are dependent on public funding.
3.5.4 examines individual responsibility for participation in health care advocacy.
3.5.5 identifies ways the individual may contribute to maintaining and improving health care service.

Subgoal 3.6 Explore and evaluate careers in the health care field.

The learner:

3.6.1 identifies various health care occupations.
3.6.2 describes the roles of various health care providers.
3.6.3 evaluates the advantages and disadvantages of a career in the health care field.

GOAL 4 To understand the value of achieving a healthy lifestyle through the development and application of responsible nutritional and fitness behaviors.

Subgoal 4.1 Categorize food and food sources and identify their primary nutrient contributions.

The learner:

4.1.1 identifies foods and their sources.
4.1.2 identifies food groups and describes the primary nutrients of each.
4.1.3 identifies foods low in nutrients and examines their roles in a responsible diet plan.
4.1.4 uses food labels to evaluate food choices.
4.1.5 analyzes diet plans and selects foods according to their nutrient contributions.

Subgoal 4.2 Apply knowledge of sound nutritional concepts to patterns of behavior and personal choice.

The learner:

4.2.1 identifies and explains the function of nutrients in the growth and maintenance of the human body.
4.2.2 compares and contrasts foods according to calories and nutrients.
4.2.3 identifies and examines socio-economic, cultural, psychological, and physiological factors that determine what and when an individual eats.
4.2.4 identifies and examines the role of additives in the growth, use, preservation, and quality of foods.
4.2.5 analyzes a variety of diets according to nutritional guidelines.
4.2.6 selects a personal diet plan based on nutritional guidelines.
4.2.7 examines nutritional guidelines and their impact on the health of the consumer.
4.2.8 identifies and examines sources of accurate information about nutrition.

Subgoal 4.3 Recognize and evaluate relationships among physical exercise, caloric balance, and weight control.

The learner:

4.3.1 differentiates between health-related and skill-related fitness.
4.3.2 identifies the relationship between weight control and cardiorespiratory fitness.
4.3.3 examines the definition of physical fitness through its components of strength, flexibility, muscular and cardiorespiratory endurance.
4.3.4 examines heredity and cultural influences on developing and maintaining physical fitness.
4.3.5 explores the components of physical fitness and nutrition in relation to maturation and lifestyle.

Subgoal 4.4 Select exercise and weight control programs based on accurate information.

The learner:

4.4.1 identifies exercise principles and practices.
4.4.2 identifies and examines sources of accurate information regarding exercise and weight control programs.
4.4.3 differentiates between fat control and weight control.
4.4.4 identifies and compares negative and positive cultural influences on body image.
4.4.5 analyzes social pressure from peers, adults, and the media which affect fitness behaviors.
4.4.6 uses recreation and exercise alternatives as forms of stress reduction and enjoyment.
4.4.7 identifies safe guidelines for weight loss and weight gain.
4.4.8 designs an appropriate personal exercise and weight control program.

Subgoal 4.5 Describe disorders resulting from poor nutrition and physiological dysfunction.

The learner:
4.5.1 identifies and describes common nutritional disorders and imbalances.
4.5.2 describes nutritional deficiencies and excesses and their impact on physical, emotional, and intellectual functioning.
4.5.3 identifies eating disorders and their effects on an individual's health.
4.5.4 examines the impact of nutritional practices on disease prevention and health promotion.
4.5.5 examines the impact of nutritional deficiencies on world populations.

GOAL 5 To develop an understanding of behavior and skills that promote safe living in the home, school, and community.

Subgoal 5.1 Identify and attempt to eliminate hazardous situations and prevent injuries.

The learner:
5.1.1 identifies the leading causes of death among specific populations and age groups.
5.1.2 develops criteria for what constitutes a hazard.
5.1.3 distinguishes between hazardous and non-hazardous situations in a variety of environments.
5.1.4 explores and makes suggestions for eliminating or modifying specific hazardous situations.
5.1.5 assesses and responds to situations that threaten personal safety and may result in physical, emotional, or sexual abuse.
5.1.6 explains how civil laws and generally accepted codes of conduct governing safety may vary.
5.1.7 demonstrates safety and injury prevention practices.

Subgoal 5.2 Develop the ability to respond appropriately in emergency situations.

The learner:
5.2.1 explains the difference between emergency and non-emergency situations.
5.2.2 explains the Good Samaritan Law and other laws that pertain to emergency situations.
5.2.3 describes how to gain access to emergency services.
5.2.4 demonstrates first aid procedures that may be administered when responding to illness, injuries, emotional crisis, and cardio-respiratory emergencies.

Subgoal 5.3 Analyze risk-taking behaviors and their consequences.

The learner:
5.3.1 identifies positive risk-taking conditions.
5.3.2 examines the relationship between negative risk-taking behavior and injury or harm.
5.3.3 discusses the increasing risk of injury from violent acts.
5.3.4 describes behaviors and settings that place individuals at personal risk of assault and/or abuse.

Subgoal 5.4 Identify and use community resources and services that promote a safe and healthy environment.

The learner:
5.4.1 identifies and describes resources and services that promote a safe and healthy environment.
5.4.2 matches safety needs to the appropriate services and resources.
5.4.3 explains how community agencies and services that promote a safe and healthy environment are supported and funded.
5.4.4 explores the nature of volunteer efforts in providing safety resources and services.

GOAL 6 To recognize the family as a basic unit of society that perpetuates life and promotes healthy growth and development.

Subgoal 6.1 Identify roles and responsibilities of family members throughout the life cycle that maintain the family unit.

The learner:
6.1.1 describes roles and responsibilities of family members.
6.1.2 describes how the family meets the needs of its members throughout the life cycle.
6.1.3 describes relationships that exist within a family.
6.1.4 analyzes how external forces such as socioeconomic changes, media, and job pressures influence family relationships.
6.1.5 examines the impact of love, loyalty, and other forces on the cohesiveness of the family unit.
6.1.6 discusses how the death of a family member affects the family unit.

Subgoal 6.2 Examine differences in family structures, customs, and values.

The learner:

6.2.1 examines the family as a basic unit of society.
6.2.2 describes a variety of differing family structures that exist in society.
6.2.3 examines ways in which culture and other forces affect family values and practices.
6.2.4 explores how the family imparts and reinforces values to its members.
6.2.5 examines traditional family values (i.e., monogamy and marital fidelity).

Subgoal 6.3 Explain the effects of dating and marriage on the individual, family, and society.

The learner:

6.3.1 examines how friendships and relationships develop.
6.3.2 examines choices people make with regard to dating and marriage.
6.3.3 discusses how relationships change and mature over a period of time.
6.3.4 identifies issues that may lead to conflict in marriage.
6.3.5 describes effects of marriage, conflict, separation, and divorce on the individual, family, and society.

Subgoal 6.4 Analyze the effects of parenthood on the individual, the marital dyad, and the family.

The learner:

6.4.1 examines reasons for becoming a parent.
6.4.2 describes responsibilities of parenthood.
6.4.3 identifies changes in lifestyle caused by parenthood.
6.4.4 examines the impact of child developmental stages on the parent-child relationship.
6.4.5 describes the impact of teenage parenting.
6.4.6 examines how science and technology affect parenting and child rearing.
6.4.7 analyzes emotional, ethical, and legal considerations of alternative ways of becoming a parent.
6.4.8 discusses the psychological impact of parenting and nonparenting.

Subgoal 6.5 Describe the anatomy and physiology of the human reproductive system and the reproductive process.

The learner:

6.5.1 identifies the anatomy of the human reproductive systems.
6.5.2 explains the physiology of the human reproductive systems.
6.5.3 identifies anatomical anomalies of the human reproductive systems.
6.5.4 describes physiological dysfunctions and psychological factors that affect human reproduction.
6.5.5 describes fertilization and fetal development.
6.5.6 describes the process of pregnancy and childbearing.
6.5.7 discusses factors that may affect pregnancy and childbearing.
6.5.8 identifies congenital and hereditary conditions that affect the fetus.

Subgoal 6.6 Examine relationships among physical, emotional, and psychological development.

The learner:

6.6.1 describes the growth and development process.
6.6.2 describes the emotional, physical, and psychological changes of adolescence.
6.6.3 discusses effects of hormonal changes on behavior throughout the life cycle.
6.6.4 investigates psychological, physical, and environmental factors that contribute to sexual identity.

Subgoal 6.7 Examine factors that influence the development of interpersonal relationships and sexual behavior.

The learner:

6.7.1 recognizes how laws relate to relationships, sexual behavior, marriage, and family.
6.7.2 describes how social trends influence relationships, sexual behavior, marriage, and family.
6.7.3 examines how culture, value systems, and the family influence attitudes toward sexual behavior.
6.7.4 describes the significance of peer pressure on making decisions about relationships and sexual behavior.
6.7.5 analyzes how the media influences sexual attitudes and behavior.

EXPECTANCIES

Subgoal 6.8 Develop and use skills for making responsible decisions about sexual behavior based on its consequences for the individual and others.

The learner:

6.8.1 explores myths and misconceptions concerning sexual behavior.
6.8.2 identifies factors that influence an individual's decisions concerning sexual behavior.
6.8.3 analyzes consequences of becoming sexually active.
6.8.4 identifies abstinence from sexual intercourse as the appropriate behavior before marriage.
6.8.5 describes the consequences of pregnancy during adolescence.
6.8.6 discusses how resistance skills and assertive behaviors may contribute to healthy sexuality.

Subgoal 6.9 Develop and use skills for making responsible decisions about family planning and preventing pregnancy.

The learner:

6.9.1 examines how ethical, moral, and religious views influence family planning.
6.9.2 examines health and economic considerations which influence family planning.
6.9.3 identifies abstinence from sexual intercourse as the most effective means of preventing pregnancy.
6.9.4 evaluates methods of family planning and the effectiveness of methods of contraception.

GOAL 7 To acquire knowledge of disease and methods for prevention and control and to analyze their effects on the individual, family, and society.

Subgoal 7.1 Identify communicable and non-communicable diseases and describe their causes and characteristics.

The learner:

7.1.1 differentiates between communicable and non-communicable disease.
7.1.2 identifies causative agents and describes their modes of transmission.
7.1.3 describes signs and symptoms of common prevalent diseases.
7.1.4 describes risk factors and risk behaviors that affect an individual's susceptibility to disease.
7.1.5 describes the impact of medical technology and lifestyle on the incidence and prevalence of disease.

Subgoal 7.2 Examine measures for the prevention, treatment, and control of disease.

The learner:

7.2.1 identifies scientific contributions that have been made in the prevention, treatment, and control of disease.
7.2.2 discusses the role of the immune system in combating disease.
7.2.3 explains the importance of early detection and intervention as it relates to the treatment of disease.
7.2.4 examines cultural, religious, ethical, and legal implications of disease intervention efforts.
7.2.5 examines issues of availability and accessibility of health care.
7.2.6 explains the role of epidemiology in disease control.
7.2.7 describes how healthy lifestyles prevent disease and promote optimal well-being.

Subgoal 7.3 Evaluate effects of disease on the individual, family, and society.

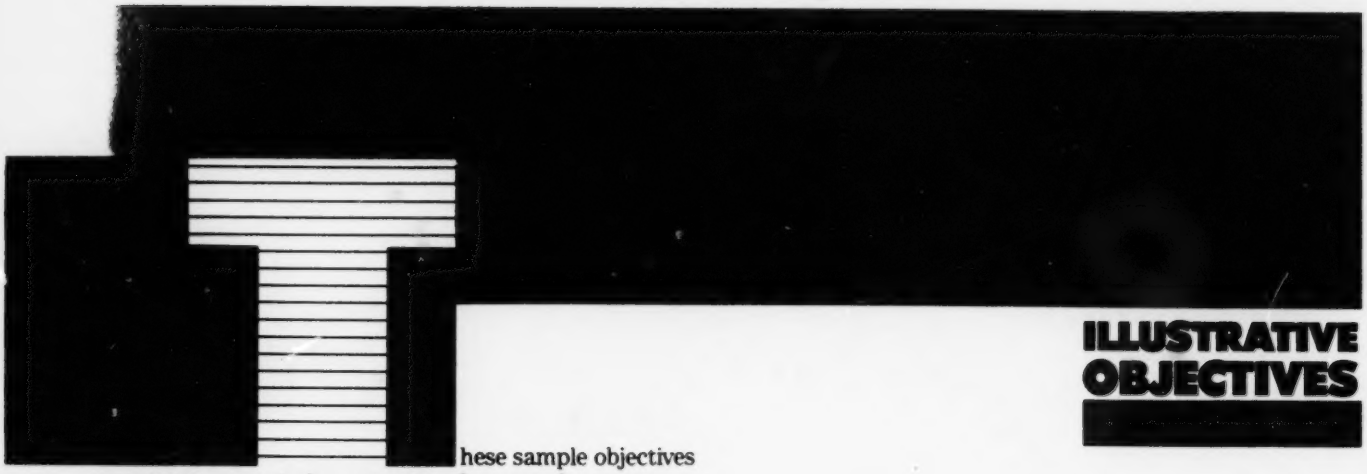
The learner:

7.3.1 describes physical, emotional, and social effects of disease.
7.3.2 evaluates the impact of short-term and long-term effects of disease.
7.3.3 examines methods of coping with disease and disability.
7.3.4 describes society's responses to disease.
7.3.5 explains the rights and responsibilities of individuals in relation to disease.
7.3.6 explores the impact of sexually transmitted diseases including HIV/AIDS on individual and societal behaviors.
7.3.7 examines causes and characteristics of Alzheimer's Disease and other chronic, progressive diseases.

Subgoal 7.4 Explore roles and responsibilities of health-related agencies at local, state, and federal levels.

The learner:

7.4.1 identifies and explores responsibilities of public and private health-related agencies.
7.4.2 describes services and programs that address disability awareness and assist people with disabilities.
7.4.3 recognizes the international impact of disease prevention and how it affects the world population.
7.4.4 examines the role that government has in maintaining the health of the population.



ILLUSTRATIVE OBJECTIVES

These sample objectives represent a way to incorporate a framework expectancy into local health education curricula. They are organized to give sample objectives for four levels: early learning years (grades K-2), (grades 3-6), middle learning years (grades 6-8), and high school years (grades 9-12). A local school system that chooses to use these illustrative objectives may determine their specific placement and modify them to meet local needs:

GOAL 1 To gain knowledge and skills that lead to an understanding of self and one's relationships with others.

Subgoal 1.4 Develop knowledge and skills that lead to individuality and uniqueness.

Expectancy:

1.4.1 The learner explains the concept of self as it relates to individuality and uniqueness.

EARLY LEARNING YEARS:

During grades K-2 the learner will:

- Name one physical quality that is unique to each individual
- Observe that each person is different and unique in some way
- Discuss how many different qualities and traits there are among the students.

During grades 3-5 the learner will:

- Recognize personal traits and ways they are unique
- Describe individual strengths

MIDDLE LEARNING YEARS:

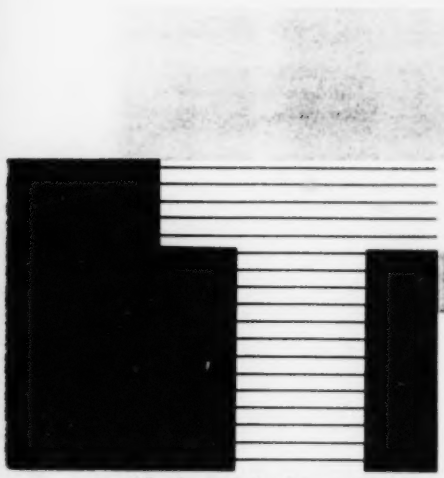
During grades 6-8 the learner will:

- Develop a coat of arms that describes one's individuality
- Describe changes in self-concept that may occur during adolescence
- Relate self-concept to all aspects of health; physical, emotional, social, spiritual, and intellectual

HIGH SCHOOL YEARS:

During grades 9-12 the learner will:

- Describe factors that influence the development of self-concept
- Recognize the effects of criticism on oneself and others
- Describe how self-concept may affect one's behavior



CURRICULUM ASSESSMENT AND DEVELOPMENT

This section is designed as a guide for curriculum specialists and teachers to assess existing curricula and develop new curricula. The material is organized around four essential components of the written school curriculum: an underlying philosophy, the overall goals of the program, the scope and sequence, and classroom instructional units. Each component is described in terms of its purpose, its specific elements, and how it can be assessed and developed. In addition, an example from an existing Maryland curriculum guide is given for each component.

PHILOSOPHY

A philosophy is an explicit statement of the beliefs that should direct all aspects of a school system's curriculum. Developing a statement of philosophy allows educators in a system to reach consensus about the nature of the subject matter as it relates to the instructional program. A clear statement of philosophy, therefore, can aid the school system in developing goals, specifying instructional strategies, and assessing programs.

A comprehensive philosophy should begin by addressing the subject matter, its relationship to society, and its relationship to learners. Based upon a synthesis of these elements, a clear position statement should be developed to direct the structuring of the curriculum.

The Subject Matter

This section should describe subject matter that is to be taught and the disciplines from which the curriculum should be drawn. It should address the underlying premises and values as well as the investigative strategies and processes inherent in these disciplines.

Society

Society's needs in relation to the subject matter should be of primary importance when planning a program. This section of the philosophy should describe these needs and how they can be met by a comprehensive curriculum.

The Learner

The system's set of beliefs about the needs of students is written in this section. These needs include those that are influenced by the external demands of society and those which, if met, would lead to personal fulfillment.

The Curricular Statement

The curricular statement is the culminating section of the philosophy. It synthesizes the needs of society and the learner with the subject matter content to produce a rationale for the curriculum.

Developing a Philosophy

In developing a program philosophy it may be useful to review existing philosophy statements from the local, state, and national levels. Implicit beliefs held by the local community should also be identified and considered. Finally, a system-wide consensus should be reached on the key beliefs outlined in the final product.

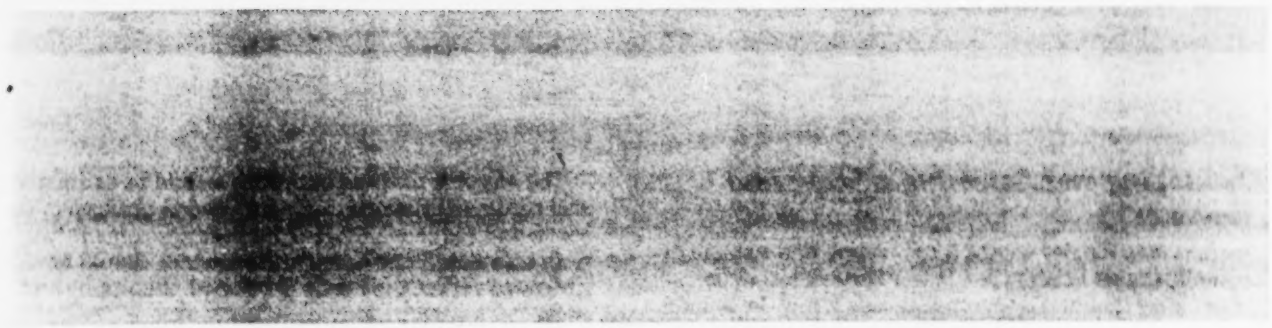
Example of a Local Health Education Philosophy

SUBJECT MATTER

Health education combines the affective and cognitive domains by integrating principles of motivation and responsible personal decision-making with factual information. It is an applied field that draws upon the physical, biological, medical, and behavioral sciences for its body of knowledge. It provides learning opportunities for students that will increase their knowledge of health, while encouraging them to develop healthy behaviors.

SOCIETY

The leading cause of injury and death among youth in our society has long been accidents. Today, those leading statistics are overshadowed by other health problems such as drug and alcohol abuse, teen pregnancy, youth suicide, A.I.D.S. and other sexually transmitted diseases. With the advances that have been made in medical technology, today's youth have the potential to live longer and healthier lives, yet the decisions that they are making regarding their health are off-setting the medical advances and their potential for long life.



LEARNER

Every child has a right to a healthy and happy childhood, and the health behaviors that are developed during childhood and reinforced during adolescence are likely to last a lifetime. Today's students grow up in a world filled with hazards that were unknown or largely ignored only a few years ago. The school has the responsibility to alert students to those hazards and provide them with the information and skills that will assist them in avoiding health problems.

CURRICULUM

Although the primary responsibility for the health of children rests with their parents, it is necessary for home, school, and community health and welfare agencies to work together if children are to achieve and maintain their maximum potential for good health. Health education instruction supports what students learn at home about good health and safety practices by providing accurate information appropriate to the age of the student. The program helps students to develop positive attitudes and good habits that will help guide them through their formative years to adulthood.

GOALS

Goals are broad, generalized statements that are derived from the philosophy and that determine the curriculum. They set the direction of the program by identifying those learner outcomes that are to be achieved through a comprehensive and effective program.

Since program goals are so broad, subgoals may be used to define the major areas covered by each goal. Additional levels of behavior statements may be written to further specify the expected behaviors within each subgoal.

Developing Goals

Goals should be developed from and thus reflect the system's philosophy. The chosen set of goals should at minimum incorporate all of the goals and subgoals from the state while addressing the specific needs of the community and special populations of children.

Example of a Local Set of Goals

The following comparison shows how a local set of goals have incorporated the state comprehensive health education goals:

A LOCAL SET OF GOALS	STATE GOALS
Students will:	
1. Demonstrate decision-making skills by applying them to the thoughtful resolution of health problems	1, 2, 3, 4, 5, 6, 7
2. Evaluate information and attitudes related to the use and abuse of alcohol, tobacco, and other drugs	2
3. Demonstrate knowledge of information and attitudes surrounding marriage, reproduction, pregnancy, and birth	6
4. Demonstrate knowledge of information and attitudes related to the prevention and control of disease and other health problems	2, 4, 5, 7
5. Identify safety issues and/or problems facing individuals and society	5
6. Recognize, analyze, and demonstrate nutritional and other health practices that will promote a healthy lifestyle	1, 3, 4, 5, 6, 7

SCOPE AND SEQUENCE

A scope and sequence is a picture of the entire curriculum from the school system level. It provides a broad overview of the content of the curriculum and illustrates the sequencing of the material from kindergarten through the twelfth grade.

In any scope and sequence it is important that certain key elements be presented for each unit or course: the title or topic, a narrative describing the content, the goals and subgoals to be taught, and the placement of the unit or course within the school program.

Developing and Assessing a Scope and Sequence

The first step for developing a new scope and sequence or modifying an existing one is to review what is currently being taught. To accomplish this it may be helpful to answer the following series of questions about the current scope and sequence:

1. Are the topics covered adequate to meet the desired scope of the program?
2. Is the content and its placement appropriate for the developmental levels of the various types of learners?
3. Are each of the system's goals incorporated into the current scope?
4. Does the sequence follow a logical order and allow for recycling of material when appropriate?

The answers to these questions should be examined and recommendations made for needed changes in the scope and sequence. Once this needs assessment has been completed, the scope and sequence should be revised to reflect the newly developed philosophy and goals.

Example of a Local Sequence

There are a variety of ways a sequence can be structured and still meet the recognized needs of a system. The following comprehensive health education sequence is provided as one example of how this may be done.

LEVEL	GOAL 1 *Mental Health*	GOAL 2 *Tobacco, Alcohol & Other Drugs*
I (K-2)	Self-concept I Feelings I,C Expressing emotions I Stress I Making choices I Consequences of behavior I Communication skills I Belonging I Relationships/Friendships I,C Physical health and feelings I How to get help I	Medicine safety I,C Harmful substances I Adult trust/other behavioral influences I,C Hazards of alcohol and tobacco use I Media/Advertising I Resistance skills I
II (3-5)	Self-concept C,R Expressing emotions C Stress I,C Coping skills I,C Physical health and feelings C Consequences of behavior C Decision-making skills I,C Communication skills C Peer relationships I,C Rejection/separation/loss I Effort and its effect on skill development I Setting goals I How to get help C	Medicine safety C,R Hazards of alcohol, tobacco, and other drugs C Non-use, use, and abuse I,C Media/advertising I,C Habit/dependency I,C Laws I,C Peer pressure I,C Resistance skills I Alternatives to alcohol, tobacco, and other drug use I,C Support groups I
III (6-8)	Self-concept C,R Coping with emotions C Stress C Accepting personal responsibilities I,C Consequences of behavior C Decision-making skills C,R Setting goals C Communication skills C Interpersonal relationships I,C,R Group identity I,C Rejection/separation/loss I,C Conflict resolution I,C Effort and its effect on skill development C Resources C	Non-use, use, and abuse C Drug action and interaction C,R Signs and symptoms of abuse I Dependency C Genetic and cultural factors I Decision-making skills I,C Peer and social pressure C Media/advertising C Resistance skills C Alternatives to alcohol, tobacco and other drug use C Impact on family and society I,C Intervention and treatment I Support group/helping agencies C Laws and personal responsibilities C
IV (9-12)	Personality theory I,C Self-concept R Interpersonal relationships C,R Group identity C,R Accepting personal responsibilities R Consequences of behaviors I,C Decision-making skills R Setting goals R Effort and its effect on skill development R Communication skills R Rejection/separation/loss R Conflict resolution C,R Mental disorders I,C Self-destructive behaviors I,C Stress management C,R Resources R	Drug actions and interactions C,R Signs and symptoms of abuse C,R Dependency C,R Genetic and cultural factors C Decision-making skills R Peer and social pressure R Media/advertising R Resistance skills R Self-help programs I,C Family dynamics C,R Intervention techniques, treatment, resources C,R Economic impact I,C Laws/responsibilities C,R Drinking and driving I,C Research/facts and fallacies C

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LEVEL	GOAL 3 *Consumer Health*	GOAL 4 *Nutrition and Fitness*
I (K-2)	Personal health I Wellness I,C Product choices/media, family, and cultural influences I,C Product safety I,C Health care providers I Healthy physical environment I	Feeling good/fitness I Food sources I,C Food groups I Food choices I,C Physical activity I Dental implications I
II (3-5)	Personal health C Wellness C,R Product choices/media, family, and cultural influences C Labeling I,C Peer pressure I,C Individual responsibility I,C Healthy physical environment C	Wellness/lifestyle I Cultural influences I Feeling good/fitness C Food sources C,R Food groups C Food choices C,R Food labeling I Nutrition/physical activity relationships I,C Bone/dental implications C Media influences I,C
III (6-8)	Personal health C,R Wellness R Product choices/media, family, and cultural influences C,R Labeling/product information C,R Individual responsibility C,R Economics/affordability I,C Medical quackery I,C Consumer rights I,C Health careers I,C Healthy physical environment C	Wellness/lifestyle C,R Genetic and cultural influences C Nutrients/dietary goals I,C Food choices/supplements C,R Food labeling/additives C Weight control I,C Physical activity/fitness/sports C,R Media influences/social pressures C,R Facts and fallacies I,C Nutritional diseases and disorders I,C
IV (9-12)	Personal health C,R Wellness R Product choices/media, family, and cultural influences C,R Health care marketing I,C Labeling/product information R Individual responsibility C,R Economic/affordability C,R Medical/quackery C,R Consumer rights C,R Regulatory agencies I,C Choosing medical practitioners I,C Health career specialization C,R Healthy physical environment R	Wellness/lifestyle C,R Genetic and cultural influences C,R Nutrients/dietary goals C,R Food choices/supplements C,R Food labeling/additives C Weight control/diets C,R Physical activity/fitness/sports/recreation C,R Media influences/social pressures R Facts and fallacies C,R Information resources/research I,C Nutritional imbalances, diseases, and disorders C,R

LEVEL	GOAL 5 *Safety, First Aid and Injury Prevention*	GOAL 6 *Family Life and Human Sexuality*
I (K-2)	Personal safety I,C Injury prevention practices I Emergency services I,C Child abuse prevention I Laws I	Family structure/systems I,C Family roles and responsibilities I,C Growth and development I Expressing emotions I,C Gender identity I
II (3-5)	Personal safety C,R Injury prevention practices C Hazardous, non-hazardous situations I,C Consequences of risk-taking I,C First Aid I,C Child abuse prevention C Laws C Safety resources and services I	Family structure/systems C Family roles and responsibilities C Growth and development C Anatomy and physiology of the endocrine and reproductive systems I,C Sexuality and behavioral norms I,C Friendships/interpersonal relationships I,C
III (6-8)	Personal safety C,R Environmental hazards I,C Injury prevention practices C,R First Aid/CPR C,R Sexual assault/rape prevention C,R Laws C,R Safety resources and services C	Growth and development C Anatomy, physiology and sexuality C Sexual orientation I,C Interpersonal relationships I,C Coping with emotions I,C Decision-making and responsible behaviors I,C Dating behaviors/expectations C Peer, social, and media pressure I,C Facts, myths, and misconceptions I,C Sexually Transmitted Disease I,C Abstinence from sexual intercourse I,C Teen pregnancy issues and prevention I,C Marriage I Contraception and birth control I,C Pregnancy options I Pregnancy, prenatal development, and birth I,C Responsible parenthood I Family roles, responsibilities, structure C,R Family customs and values I,C
IV (9-12)	Personal safety C,R Environmental hazards C,R Injury prevention practices C,R First Aid/CPR R Sexual assault/rape prevention C,R Laws C,R Safety resources and services R	Growth and development C,R Anatomy, physiology and sexuality C,R Sexual orientation C,R Interpersonal relationships C,R Coping with emotions C,R Decision-making and responsible behavior C,R Dating behaviors/expectations C,R Peer, social, and media pressure R Facts, myths, and misconceptions C,R Sexually Transmitted Disease C,R Abstinence from sexual intercourse C,R Teen pregnancy issues and prevention C,R Marriage C Contraception and birth control C,R Pregnancy options C,R Family relationships R Pregnancy, prenatal development, and birth C,R Impact of science and technology I,C Responsible parenthood C Family planning I,C Ethical/Legal issues I,C

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LEVEL	GOAL 7 *Disease Prevention and Control*
I (K-2)	Personal hygiene I,C Communicable/Non-communicable disease I Disease prevention I,C Disability awareness I Health care providers I
II (3-5)	Personal hygiene C,R Communicable/Non-communicable disease C Immune system I Signs and symptoms of disease I Impact of disease I Disease prevention C Disability awareness C
III (6-8)	Personal hygiene C,R Communicable/Non-communicable disease C Causative agents I,C Modes of transmission I,C Risk factors I,C Disease prevention C,R Treatment I,C Impact of disease C Disability sensitivity C,R Role of technology I Health-related agencies I Sexually Transmitted Disease/Human Immunodeficiency Virus I,C Chronic/progressive diseases I
IV (9-12)	Personal hygience R Communicable/Non-communicable disease R Epidemiology I,C Society's response to disease I,C Disease prevention C,R Immunology I,C Disease intervention C,R Role of technology C Impact of disease and disability R Sexually Transmitted Disease/Human Immunodeficiency Virus C,R Chronic/progressive diseases C

Key

I = INTRODUCTION

C = CONTINUING EMPHASIS

R = REVIEW

Example from a Local Scope

The scope of each course or unit of study is described through a narrative and listing of the goals and subgoals covered. Though two systems may teach the same sequence (that is, the same topic at the same grade level), the scope of that course or unit of study may be very different. The following is an example of a local system scope of health education units from one eighth grade course.

Eighth Grade: Health Education

UNIT I — DECISION MAKING

The essential learning covered by this topic has to do with self control and thinking things through. This includes learning that, if one takes the time, one most often can come up with more possible solutions (alternatives) to a problem than first appears to be the case; that sharing with others and listening to their views increases the number of alternatives; and that careful evaluation of the alternatives increases the chances of selecting the best alternative. These are the points that need to be stressed while the students are learning the decision-making model itself and how to use it.

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate decision-making skills by applying them to the thoughtful resolution of adolescent health problems.

Performance Objectives: The student should be able to:

a) Identify and illustrate the steps of a decision-making process
b) Apply a decision-making process to a variety of situations and problems common in adolescence
c) Analyze and evaluate application of a decision-making process from the standpoints of completeness, correct use of information, organization and clarity, and outcome

Unit I addresses the following state subgoals:
1.3
2.4
3.2, 3.3
4.4
5.1, 5.3
6.8, 6.9
7.2

[redacted]

UNIT II — FAMILY AND PEER RELATIONSHIPS

The most essential learning connected with the activities of this topic has to do with the students coming to think more about their relationships with those around them, what individual needs cause people to interfere with or hurt one another, and what needs can be used to enable people to help one another.

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate knowledge of information and attitudes important to moral and healthy family and peer relationships.

Performance Objectives: The student should be able to:

a) Identify various types of relationships and compare them on a number of variables, including individual needs and family structures
b) Identify factors influencing relationships, including individual needs and stereotyping, and illustrate how they do so

Instructional Objective 2: Upon completion of the unit, the student should be able to apply and analyze decision-making skills to promote moral and healthy family and peer relations.

Performance Objective a: The student should be able to describe, demonstrate, and analyze a decision-making process applied to adolescent problems with family and peer relationships.

Unit II addresses the following state subgoals:
1.4, 1.5
2.3
3.1
6.1, 6.2, 6.3, 6.7
7.3

[redacted]

UNIT III — TOBACCO, ALCOHOL, AND OTHER DRUGS

The essential learning covered by this unit is reinforcing concepts learned in previous grades and challenging students to analyze information about tobacco, alcohol, and other drugs. Through the use of critical thinking skills students will discuss common misconceptions about tobacco, alcohol, and other drugs and apply accurate information in making decisions.

Instructional Objective 1: Upon completion of the unit, the student should be able to cite the dangers of the use of tobacco, alcohol, and other drugs and common misconceptions about their use and effects.

Performance Objective a: The student should be able to name and explain two dangers and two common misconceptions about the use of tobacco, two of each regarding the use of alcohol and two of each regarding other drugs.

Instructional Objective 2: Upon completion of the unit, the student should be able to evaluate information and attitudes related to the use and abuse of tobacco, alcohol, and other drugs.

Performance Objectives: The student should be able to:

a) Discuss and analyze information and misunderstandings about the use and abuse of tobacco, alcohol, and other drugs
b) Compare and evaluate attitudes toward and reasons for the use and abuse of tobacco, alcohol, and other drugs

Instructional Objective 3: Upon completion of the unit, the student should be able to apply and analyze decision-making skills related to the use of tobacco, alcohol, and other drugs.

Performance Objective a: The student should be able to describe, demonstrate, and analyze a decision-making process applied to adolescent problems with tobacco, alcohol, and other drugs.

Unit III addresses the following state subgoals:
1.3
2.1, 2.2, 2.3, 2.4, 2.5
3.2, 3.3
5.3

UNIT IV — NUTRITION

Based upon the nutrition information that students have received in grades K-7, the essential learning in this unit is practical application of that information. Students are expected to analyze their dietary practices and identify nutritional deficiencies. The relationship among nutrients and food additives and how they affect health are presented within the context of personal food selection.

Instructional Objective 1: Evaluate the results of good dietary practices.

Performance Objectives: The student should be able to:

a) Investigate good and bad dietary practices as they relate to health
b) Utilize nutrient information when selecting foods necessary for the maintenance of good health
c) Describe how nutrients that provide energy promote optimum growth and health
d) Identify the functions of food additives and cite an example of an additive for each function

Unit IV addresses the following state subgoals:
3.1, 3.4
4.1, 4.2, 4.3, 4.5
7.1

UNIT V — REPRODUCTION, PREGNANCY, BIRTH, AND PREGNANCY PREVENTION

An essential learning in this unit is that students acknowledge that sexual activity at their age is risky and involves consequences that may affect the rest of their lives. It is important that students understand the functions of the reproductive system and how pregnancy and birth occur. Techniques of saying "NO" to peer pressure, the advantages of sexual abstinence, and methods of preventing pregnancy are included in this unit.

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate knowledge of basic information and processes related to reproduction, pregnancy, and birth.

Performance Objectives: The student should be able to:

a) Name, recognize, and state the functions of the major parts and processes of the male and female reproductive systems
b) Define and explain the menstrual cycle and its relation to fertility
c) Recognize important facts about fetal development and birth
d) Give examples of the importance of prenatal care for both the mother and the child

Instructional Objective 2: Upon completion of the unit, the student should be able to cite and discuss the burdens teenage premarital sexual activity places upon youth, their families, and society.

Performance Objective: The student should be able to cite some of the local and national data indicative of the problems caused by teenage premarital sexual activity.

Instructional Objective 3: Upon completion of the unit, the student should be able to cite the dangers and difficulties surrounding adolescent pregnancy and birth and the problems of teenage parenthood.

Performance Objectives: The student should be able to:

a) Cite and discuss medical risks associated with pregnancy and birth that are much greater in cases of adolescent pregnancy
b) Cite and discuss health risks to the infant which are much greater in cases of adolescent pregnancy
c) Cite and discuss social difficulties associated with adolescent pregnancy
d) Cite and discuss difficulties, advantages, and techniques of saying "NO" to peer pressures typically faced by adolescents

Instructional Objective 4: Upon completion of the unit, the student should be able to identify and evaluate methods of pregnancy prevention.

Performance Objectives: The student should be able to:

a) Identify the methods of pregnancy prevention
b) List some of the advantages, disadvantages, and side effects, and cite the effectiveness of each method

Unit V addresses the following state subgoals:
2.3
4.2, 4.5
6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9

[redacted]

UNIT VI — SEXUALLY TRANSMITTED DISEASES

Information about sexually transmitted diseases is presented for the first time in grade eight. The essential learning is that students be knowledgeable about the causes, symptoms, associated problems, treatments, and prevention of the most common sexually transmitted diseases. Specific information is also included about the Human Immunodeficiency Virus (HIV).

Instructional Objective 1: Upon completion of the unit, the student should be able to demonstrate knowledge of information and attitudes related to sexually transmitted diseases.

Performance Objective a: The student should be able to demonstrate knowledge of important terms and other basic information related to sexually transmitted diseases.

Instructional Objective 2: Upon completion of the unit, the student should be able to identify some of the major sexually transmitted diseases, describe their symptoms and effects, how they are transmitted, and the effectiveness of current treatments for each.

Performance Objective a: The student should be able to identify the three major sexually transmitted diseases, describe their symptoms and effects, how they are transmitted, the effectiveness of current treatments, and the methods of prevention for each.

Unit VI addresses the following state subgoals:
6.8
7.1, 7.2, 7.3, 7.4

[redacted]

Example of a Local Match with a State Health Education Goal

To assess local programs it is helpful to complete a match between goals established by the local system or the state and goals implicit in the current scope and sequence. The following is an example of such a match.

HEALTH EDUCATION FRAMEWORK CURRICULAR MATCH

	GOAL 1					GOAL 2					GOAL 3						GOAL 4					
Subgoals	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3	4.4	4.5	4.6
K	X		X		X	X	X				X					X	X		X			
1	X		X		X	X	X				X					X	X		X			
2	X		X	X	X	X	X				X	X	X			X	X		X			
3		X	X		X	X	X				X	X	X			X	X	X	X			X
4		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X		X
5	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
6		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
7	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8																						
9-12	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

HEALTH EDUCATION FRAMEWORK CURRICULAR MATCH																
	GOAL 5				GOAL 6									GOAL 7			
Subgoals	5.1	5.2	5.3	5.4	6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	7.1	7.2	7.3	7.4
K	X	X	X		X	X				X				X	X		
1	X	X	X		X	X				X				X	X		
2	X	X	X		X	X				X				X	X		
3	X	X	X		X	X	X			X				X	X	X	X
4	X	X	X	X	X	X	X			X				X	X	X	X
5	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X
6	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X
7	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
8																	
9-12	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

INSTRUCTIONAL UNITS

An instructional unit describes how a topic at a particular grade level is to be taught. It is a guide for teachers to use in working with their students.

An instructional unit consists of several important elements:

- — the title or topic to be covered;
- — a narrative or outline describing the content to be covered;
- — a set of objectives derived from the goals and subgoals and defining the scope of the unit or course;
- — the activities necessary to reach the objectives;
- — a list of resources, equipment, and supplies;
- — a description of the evaluation procedures needed to determine whether or not the objectives have been met.

How Are Instructional Units Developed?

The first step in the development process is to examine the existing instructional units. It may be helpful to ask a series of questions about the units:

1. Do the objectives build toward designated goals and subgoals and do they cover the scope of the topic?
2. Is the content, including skills, adequate enough to cover the topic and is it current?
3. Are the activities adequate for reaching the objectives and are they appropriate for the learner?
4. Is the sequence of learning activities within the unit logical?
5. Are the resources listed adequate for the activities?
6. Does the evaluation relate directly to the stated objectives?

After this needs assessment is completed, a series of decisions must be made. First, is it possible simply to revise the existing units? Second, if this is not possible, are there available units from an outside source that could be adapted to meet the identified needs? Third, if no such program is available, how can new units be developed locally to improve the curriculum?

Once these questions have been answered, it may be helpful to pilot any resulting curriculum changes. The evaluation of such a pilot can be useful in further refining the new curriculum.

Example of a Local Instructional Unit

GRADE: FIVE
UNIT: NUTRITION

UNIT DESCRIPTION

This unit focuses on individual nutritional needs and how those needs are determined. Students will review dietary guidelines and the nutritional value of selected foods. Based upon nutrition information learned in previous grades, students will analyze their nutritional needs and the benefits and/or consequences associated with meeting those needs. Social and economic influences on food choices will be studied and students will compare the cost and nutritional value of certain ethnic foods.

This unit will require students to use critical thinking as they review their food choices and analyze the nutritional value in those choices. The practical application of nutrition information in making wise food selections that meet personal nutrition needs will be emphasized.

UNIT GOALS

The following state health education subgoals are addressed in this unit:

1.3 Develop and use decision-making skills
3.1 Evaluate personal health habits
3.4 Relate the concept of wellness to one's personal health behaviors
4.1 Categorize food and food sources and identify their primary nutrient contributions
4.2 Apply knowledge of sound nutritional concepts to patterns of behavior and personal choice
4.3 Recognize and evaluate relationships among physical exercise, caloric balance, and weight control
4.5 Describe disorders resulting from poor nutrition and physiological dysfunction
7.2 Examine measures for the prevention, treatment, and control of disease

Instructional Objective 1:

Analyze how nutrient intake varies according to age, sex, size, and activity.

Performance Objective a) Review the major nutrients found within each food group and describe the function of each nutrient.

SUGGESTED ACTIVITIES

1. Have students collect nutrition labels from used food products. List the nutrients found and summarize the findings.
2. Have class collect data on the FDA's recommended dietary allowances and summarize the findings.
3. Have students collect ingredient labels and share them with their classmates to determine what foods are being described and which is most nutritious.
4. Make class posters to display around the school, each poster showing a nutritious food and listing the nutrients it contains.

INSTRUCTIONAL MATERIALS

Films: *Food, Energy and You*
How Hamburger Turns into You

SUGGESTED ASSESSMENT

Given a list of the six major nutrients, the student will write one contribution to health of each nutrient.

Performance Objective b) State the different recommended daily nutrient amounts for various age, sex, size, and activity groups.

SUGGESTED ACTIVITIES

1. Have students take the number of people in a hypothetical family and determine the total daily caloric needs. Plan a menu for one day which will fulfill the needs for this family. Use library references as needed.
2. Have students prepare a shopping list that will meet a family's dietary need for one day.
3. Have students define the word *calorie*. Discuss how it is used to measure food and how one determines the amount needed each day.
4. Given a chart showing the number of calories used in various activities, have students compare the activities and the number of calories used. Focus on the relationship between energy used and calories needed.
5. Relate a food's nutrient contribution to the Recommended Dietary Allowances.

INSTRUCTIONAL MATERIALS

Food and Nutrition Board, National Academy of Sciences, National Research Council Recommended Dietary Allowances, Revised 1980.
See listing of presently approved elementary health texts.

SUGGESTED ASSESSMENT

Given one food label and the USRDA standards for proper nutrition, the student will analyze the information provided as it relates to various age, sex, size, and activity groups.

Instructional Objective 2:

Compare and evaluate the effects of social and economic influences on food choices.

Performance Objective a) Give examples of social conditions (e.g., culture and ethnic groups) and the impact each has on the food production and on the health of the people involved.

SUGGESTED ACTIVITIES

1. Present a list of foods which are representative of a variety of cultures and/or ethnic groups. Ask students to plan a balanced menu for the day (3 meals) by using foods on this list.
2. Have students prepare a "top ten" list of food choices of the student population. Discuss why the foods are popular. Evaluate the nutritional value of each.
3. Discuss highly advertised and/or popular foods which may or may not be especially nutritious.
4. Check whether specific food beliefs are fact or fallacy.
5. Make a list of snacks popular with different age groups, different national groups (in the world community), different ethnic groups in the U.S. Try to determine what nutrients are contributed to the diet by each snack food.

INSTRUCTIONAL MATERIALS

Films: *Big Dinner Table*
Why Not Snack?

SUGGESTED ASSESSMENT

Assigned one cultural or ethnic group, the student will list three or more foods characteristic of the group and the nutritional value of each.

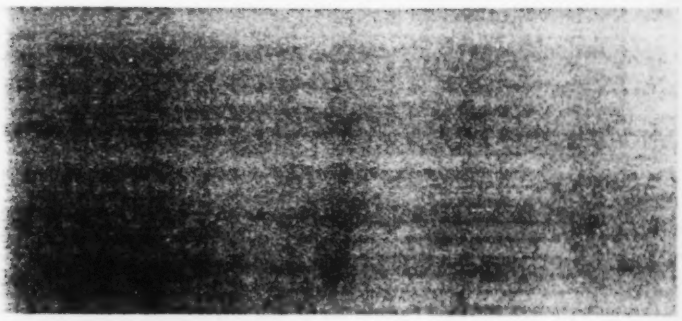
Performance Objective b) Describe how a person's economic condition often affects food choices.

SUGGESTED ACTIVITES

1. Discuss how economic factors might restrict our diet.
2. Using food store ads and a given spending limit, students plan meals for one or two days.
3. Have students investigate from case studies found in newspapers and magazines examples of health problems resulting from food selections and/or eating patterns. Identify and examine the various implications of each situation. Anorexia, bulimia, low birthweight babies, and problems of overweight may be found, as well as caries, hypertension, and other health problems.
4. Have students try to find the areas in the world where starvation or semi-starvation are endemic. Newspapers, news magazines, and T.V. news often carry these stories. Have students report on the usual food of the people, and some possible reasons for the present food shortage.

SUGGESTED ASSESSMENT

The student will show how a one-week budget of $100 for a family of four will differ from a one-week budget of $200 in the purchase of foods.



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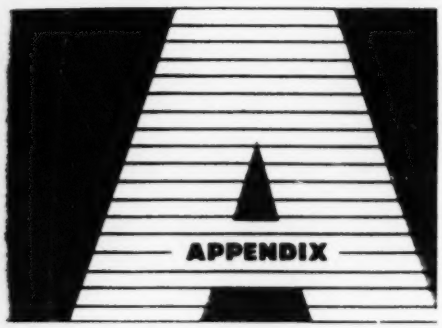
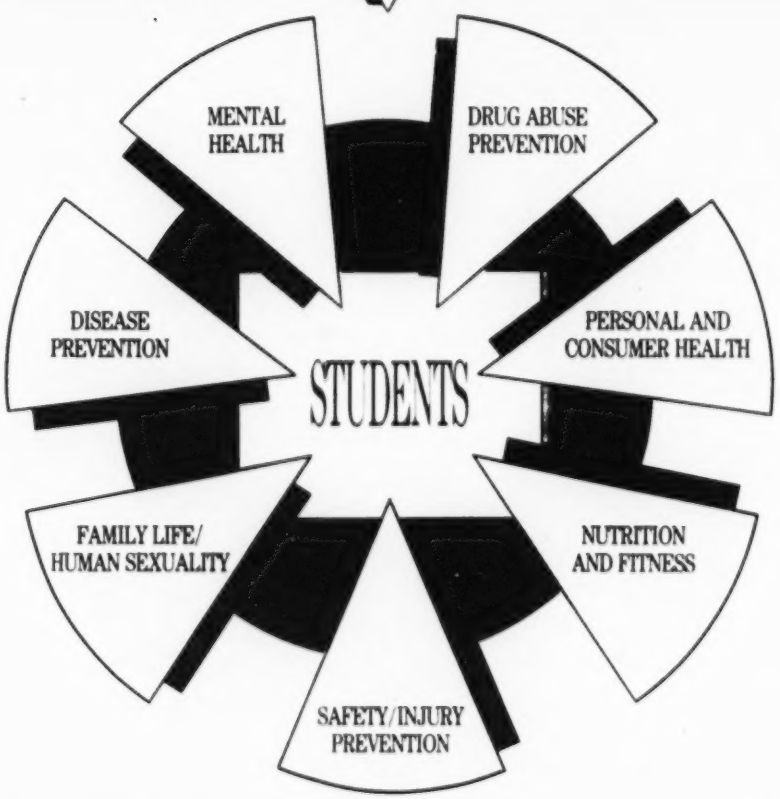
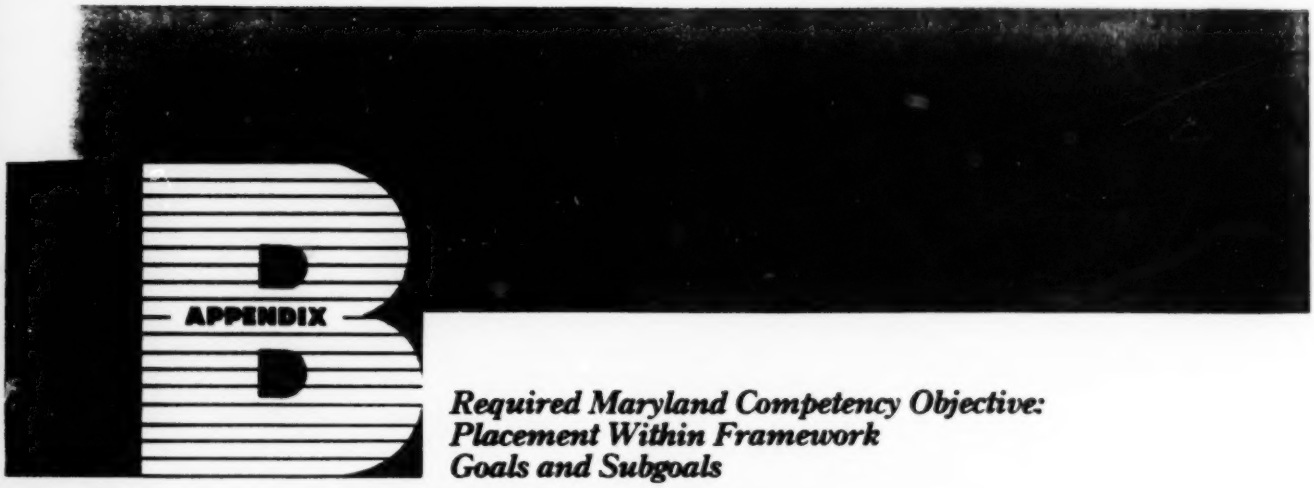


MARYLAND COMPREHENSIVE HEALTH EDUCATION





Required Maryland Competency Objective: Placement Within Framework Goals and Subgoals

The State Board of Education requires each Maryland school system to "provide an instructional program in comprehensive health education each year for all students in grades K-8". (COMAR 13A.04.18.01.A) In Grades K-8, the instructional program shall encompass several objectives from the Survival section of the *Declared Competencies Index*.

The following are examples of how required Maryland competency objectives can be placed within the goals and subgoals of the health education framework by local school systems.

GOAL 1 To gain knowledge and skills that lead to an understanding of self and one's relationships with others.
Subgoal 1.3 Develop and use decision-making skills.
Example minimum competency objectives:
2.5.1.26 Develop a position on a given social issue using decision-making skills
Subgoal 1.5 Develop and maintain interpersonal relationships.
2.5.1.9 Give examples of how an individual's personal behavior affects the behavior of others

GOAL 2 To acquire and apply knowledge of tobacco, alcohol, and other drugs and the consequences of their nonuse, use, and abuse.
Subgoal 2.1 Identify and describe the effects and interactions of tobacco, alcohol, and other drugs on the body systems.
2.1.1.1 Describe the positive and negative effects of drugs on the human body
2.1.1.8 Describe functions of the systems of the human body

GOAL 3 To adopt sound personal health practices and make appropriate use of health care products, services, and community resources.
Subgoal 3.1 Evaluate personal health habits.
2.1.1.3 Identify personal health practices
Subgoal 3.2 Choose health care services, products, and resources based on valid criteria.
2.4.1.7 Identify sales techniques which may deceive the consumer
2.4.3.4 Demonstrate the uses of consumer aids in shopping
Subgoal 3.3 Analyze and evaluate health care services.
2.3.1.19 Identify public and private organizations that provide health services
2.4.3.2 Identify the functions of types of insurance

GOAL 4 To understand the value of achieving a healthy lifestyle through the development and application of responsible nutritional and fitness behaviors.
Subgoal 4.2 Apply knowledge of sound nutritional concepts to patterns of behavior and personal choice.
2.1.1.2 Describe the positive and negative effects of food on the human body
2.1.1.14 Identify the basic components of a well-balanced and nutritious diet

GOAL 5 To develop an understanding of behavior and skills that promote safe living in the home, school, and community.

Subgoal 5.1 Identify and attempt to eliminate hazardous situations and prevent injuries.

2.1.1.12 Demonstrate safety practices

Subgoal 5.2 Develop the ability to respond appropriately in emergency situations.

2.1.1.7 Demonstrate emergency first aid procedures

GOAL 6 To recognize the family as a basic unit of society that perpetuates life and promotes healthy growth and development.

Subgoal 6.2 Examine differences in family structures, customs, and values.

2.5.1.25 Identify the ways in which common social values impact on society

Subgoal 6.4 Analyze the effects of parenthood on the individual, the marital dyad, and the family.

2.5.2.1 Identify the responsibilities and rights of parenthood

Subgoal 6.7 Examine factors that influence the development of interpersonal relationships and sexual behavior.

2.5.2.3 Describe certain factors influencing human sexuality

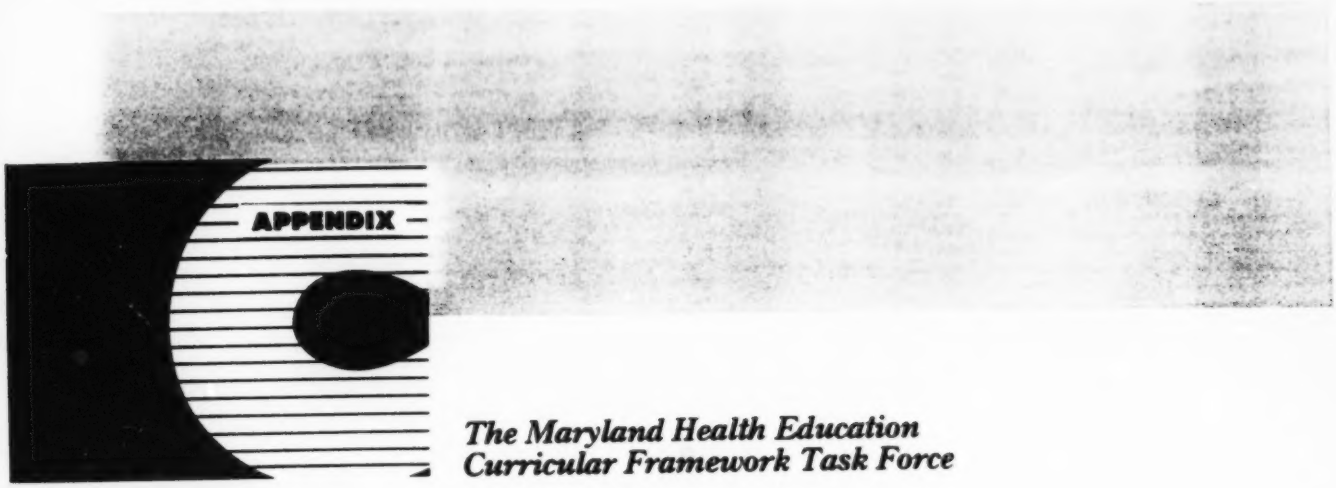
GOAL 7 To acquire knowledge of disease and methods for prevention and control and to analyze their effects on the individual, family, and society.

Subgoal 7.1 Identify communicable and noncommunicable diseases and describe their causes and characteristics.

2.1.1.9 Identify the symptoms of common illnesses

Subgoal 7.2 Examine measures for the prevention, treatment, and control of disease.

2.1.1.15 Identify methods for the prevention and control of communicable diseases



The Maryland Health Education Curricular Framework Task Force

Russell Henke, Chairperson
Health Education Specialist
Maryland State Department of Education

Reba Bullock
Health Education Specialist
Baltimore City Public Schools

Gloria Cornish
Curriculum Supervisor
Dorchester County Board of Education

Darlind Davis
Chief of Prevention Office
Alcohol and Drug Abuse Administration
Department of Health and Mental Hygiene

Mary Dixon
Health Education Teacher
Patapsco Middle School
Howard County Public Schools

Fran Jones
Prevention Program Advisor
Alcohol and Drug Abuse Administration
Department of Health and Mental Hygiene

John Krager, M.D.
Chair, Maryland State School Health Council

Mary Malamphy
Supervisor of Elementary Education, Retired
Allegany County Board of Education

Peggy McCullin
Health Education Teacher
Liberty High School
Carroll County Public Schools

Janet Pabst
Science Department Chairperson
Sparrows Point High School
Baltimore County Public Schools

Michele Prumo
Specialist, School Health Services
Maryland State Department of Education

Michael Schaffer
Supervisor of Health Education
Prince George's County Public Schools

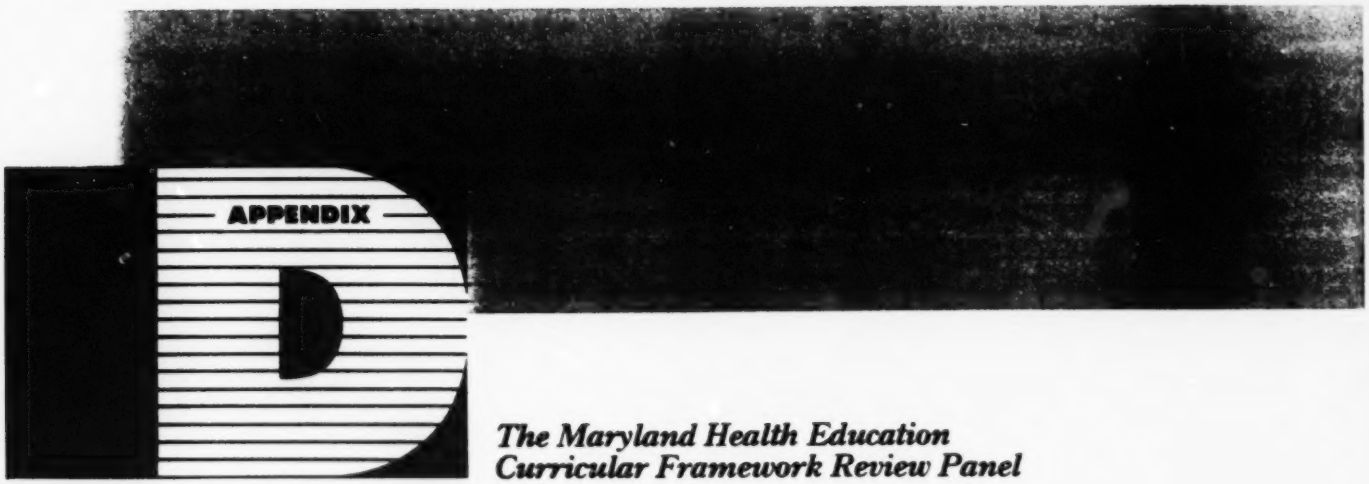
Joan Stine
Chief, Health Education Center
Maryland Department of Health and Mental Hygiene

Virginia Thomas
Maryland House of Delegates
Howard County

Dennis Younger
Executive Director of Curriculum
Anne Arundel County Public Schools

Robert Zeigler
Professor, Department of Physical Education
Towson State University

Note: Positions indicated are those held at the time of initial service on the task force.



The Maryland Health Education Curricular Framework Review Panel

Shahid Aziz, M.D.
Chairman, Committee on School Health
Maryland Chapter of the
American Academy of Pediatrics

Charlotte Cook-Fuller
Associate Professor,
Department of Health Sciences
Towson State University

Mary Cherry
Teacher
Baltimore City Public Schools

Bonnie Dyer
Maryland Council of Parents and Teachers

Florence Fenton
Supervisor of Health Services
Prince George's County Public Schools

Wayne Gersen
Superintendent
Washington County Board of Education

Robert Gold
Professor, Department of Health Education
University of Maryland, College Park

Elaine Jones
Drug-Free Schools Project Director
Worcester County Board of Education

Brian Lockard
Assistant Superintendent of Instruction
Carroll County Public Schools

Ellen Sauerbrey
Maryland House of Delegates

Betsy Simon
Associate Dean of Student Development
Coppin State College

Helen Stemler
Supervisor of Health Programs
Howard County Public Schools

The National Review Panel for the Maryland Health Education Curricular Framework

Gus Dalis
Health Education Consultant
Los Angeles County Unified School District
Los Angeles, California

Rebecca Gardner
Bureau Chief
Bureau of School Health Education and Services
New York State Education Department
Albany, New York

Walter Green
Professor
Department of Health Education
Temple University
Philadelphia, Pennsylvania

Herb Jones
Professor
Department of Physiology and Health Science
Ball State University
Munice, Indiana

Becky Smith
Executive Director
Association for the Advancement of Health Education
American Alliance for Health, Physical Education, Recreation, and Dance
Reston, Virginia

Maryland State Department of Education
200 West Baltimore Street
Baltimore, Maryland 21201
Telephone 410 333 2321